

final report



External Quality Review Organization Report

2002 HIV/AIDS At-A-Glance and Technical Specification Report

Submitted By:
Delmarva Foundation

December 2003



Table of Contents

At-A-Glance: Customer Satisfaction Survey Detailed Findings.....	1
HIV/AIDS Study Technical Report	I-1
Methodology	I-4
Results.....	I-8
Discussion	I-15
References	I-17
Appendix A - Medicaid Consumer Satisfaction Survey.....	A-1
Appendix B - Survey Response Rates	B-1

THE 2002 MEDICAID Managed Care CUSTOMER SATISFACTION SURVEY (HIV/AIDS)

Detailed Findings

Prepared for: Michigan Department of Community Health

Prepared by: Delmarva Foundation for Medical Care, Inc.

and

WB&A Market Research

Date: December 2003

Table of Contents

	<u>Page Number</u>
Introduction	4
Determinations	5
How to Read This Report	6
Characteristics of Members	9
Overall Ratings of Personal Doctor, Specialist, and Health Care	
Personal Doctor or Nurse	12
Specialist	13
Health Care	14
Detailed Composite Scores	
Composite Score: Getting Needed Care	15
Composite Score: Getting Care Quickly	19
Composite Score: How Well Doctors Communicate	24
Composite Score: Courteous and Helpful Office Staff	29
Personal Doctor or Nurse	
Have One Person They Think of as Their Personal Doctor or Nurse	33
Type of Doctor Visited	34
Have Physical or Medical Condition That Seriously Interferes with Their Day-to-Day Activities	35
Personal Doctor or Nurse Understands How Any Health Problems Affect Day-to-Day Life	36

Table of Contents (cont'd)

	<u>Page Number</u>
Getting Health Care from a Specialist	
Thought They Needed to See a Specialist	37
Saw a Specialist.....	38
Specialist Saw Most Often Was the Same Doctor as Personal Doctor.....	39
Access to Health Care	
Called Doctor's Office During Regular Office Hours to Get Help or Advice	40
Made Appointments for Regular or Routine Health Care	41
Number of Days Between Making Appointment and Seeing a Provider for Regular or Routine Care..	42
Had an Illness or Injury That Needed Care Right Away	43
Number of Days Between Making Appointment and Seeing a Provider for an Illness or Injury	44
Had an Easy Time Speaking with or Understanding Their Doctor.....	45
Interpreter Services	46
Decisions Made about Health Care	47
Getting Doctors or Other Health Providers to Agree on the Best Way to Manage Health Conditions..	48
Prescription Medicine	49
Antiretroviral Medication	50
Utilization of Services	
Number of Visits to the Emergency Room and Doctor's Office or Clinic	52

The study:

- Compared satisfaction with health care between
 - Medicaid health plan members in general
 - Medicaid health plan members who are HIV positive
- Relied on the Consumer Assessment of Health Plans Survey (CAHPS)
- Modified the CAHPS for the population that is HIV positive
- Provided results that can facilitate quality improvement efforts

Determinations

- Significantly more Medicaid members with HIV (90%) have a regular doctor or nurse that they rely on for care than do Michigan Medicaid members in general (76%).
- The regular doctor that members with HIV rely on is often a specialist.
- Members with HIV:
 - Use the emergency room at about the same rate as the general Medicaid population.
 - Rate their personal doctor, specialists, and overall health care better.
 - Are more likely to call for help, make appointments, and go for office visits.
 - Report they have more problems getting care they or their doctor believed necessary.
 - Rate their specialists significantly higher than average.
 - Report fewer problems getting referrals for needed care than average.
- While members with HIV are involved in decisions about their care, 35% experienced some problems getting the doctor to agree on decisions.
- Overall the survey demonstrated a very positive evaluation of access to care among Medicaid members with HIV.

How to Read This Report

This report includes the results of CAHPS® survey questions about members' experiences with their health plan and medical care during the past six months from the time the survey was completed in the Fall of 2002. Results are shown based on the type of question asked and/or the content of the question.

Results from yes-no questions which asked members whether they had a particular experience in the previous six months.

Results from questions based on "how often" members had certain experiences using the scale of always, usually, sometimes, or never; or "how much of a problem" using the scale of big, small, or not a problem.

Results from Composite Scores were derived by combining the results for several questions that asked "how often" members had certain experiences using the scale of always, usually, sometimes, or never; or, "how much of a problem" using the scale of big, small, or not a problem. The Composite Scores measure main issues of concern (e.g., *Health Plan Customer Service, Courteous and Helpful Office Staff, Doctors Who Communicate, Getting Needed Care, and Getting Care Without Long Waits*).

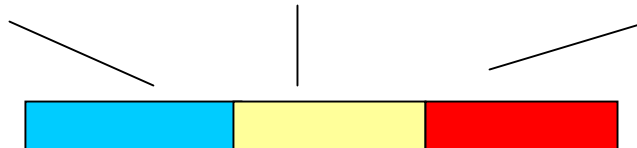
Results from survey questions which asked members to give their overall rating on a 0 - 10 scale, where a "0" means the lowest score and a "10" means the highest score.

Notes: What do the bar graphs mean?

The least positive answers are always at the left end of the bar in blue.

In-between answers are always in yellow.

The most positive answers are always at the right end of the bar in red.



Look for differences in the size of the blue and red sections.

In the bar graphs, groups that did better than other groups have bigger red sections and smaller blue sections; and groups that did worse than other groups have smaller red sections and bigger blue sections.

The data from this research were statistically analyzed by a number of variables. Statistically significant differences are noted on all bar charts using the following indicators:

Arrows (↑,↓) indicate that HIV Medicaid Managed Care is performing statistically better or worse than Michigan Medicaid Managed Care at the 95% confidence level.

Only statistically significant findings are discussed in the text of the report.

How to Read This Report (cont'd)

Notes:

1. Michigan's statewide CAHPS survey for 2002 addressed members' experiences with their medical care in general, while the CAHPS survey among Medicaid members with HIV/AIDS addressed their experiences with their medical care with regards to HIV/AIDS. Therefore, there were a few changes to the questions which are noted on the charts/tables where appropriate.
2. For purposes of brevity, certain terms are used throughout this report to define the segments interviewed. The term "Medicaid members with HIV/AIDS" refers to adult members who participated in the HIV/AIDS CAHPS survey. The term "Michigan Medicaid members" refers to adult members who participated in the Statewide CAHPS survey for 2002.
3. Percentages do not always add up to 100%. This may be due to the fact that not all respondents answered every question or, in some cases, it may be due to rounding.

CHARACTERISTICS OF MEMBERS

Characteristics of Members

Medicaid members with HIV/AIDS who participated in the survey had the following characteristics:

- Average age was 43 years;
- 54% male;
- 73% reported having a high school diploma or less education, while 28% indicated having at least some college education¹;
- 59% reported being Black/African-American, followed by 31% indicating that they are White/Caucasian; and
- English was the language most often spoken at home (96%).

This table shows the demographics of the survey respondents.

HIV Medicaid Managed Care	N=192
Age	
18-34	16%
35-44	43%
45-54	31%
55 or older	10%
Mean (# of years)	42.92
Gender	
Male	54%
Female	46%
Education	
High school or less	73%
Some college or more	28%
Ethnic Background ¹	
Black/African-American	59%
White/Caucasian	31%
Hispanic/Latino	9%
Arab/Chaldean	1%
Other	8%
Language Mainly Spoken at Home	
English	96%
Spanish	3%
Other	1%

¹Percentages do not always add up to 100%. This may be due to the fact that not all respondents answered every question or, in some cases, it may be due to rounding.

Base = Those answering (HIV Medicaid Q44-50) ¹Multiple Responses Accepted Note: These questions were not asked in Michigan's statewide CAHPS survey for 2002.

Characteristics of Members (cont'd)

Medicaid members with HIV/AIDS who participated in the survey had the following characteristics:

- 98% acknowledged being enrolled in a Medicaid health plan;
- 49% indicated being enrolled in their health plan for less than two years, while 52% reported being enrolled for more than two years; and
- 23% reported being in excellent or very good health, another 23% rated their overall health as good, however, 54% indicated that their overall health was fair or poor.

This table shows the characteristics of the *members* surveyed:

	HIV Medicaid <u>Managed Care</u>	Michigan Medicaid <u>Managed Care</u>
Enrolled in a Medicaid Health Plan		
Yes	98%	100%
No	2%	0%
Length of Time Enrolled in Health Plan ¹		
Less than 2 years	49%	44%
2 or more years	52%	56%
Overall Health Status		
Excellent/Very Good	23%	28%
Good	23%	30%
Fair/Poor	54%	42%

Base = Those answering (HIV Medicaid Q2,3a,43/Michigan Medicaid Q37,51)

¹Base = Those enrolled in a Medicaid Health Plan and answering

na = not asked

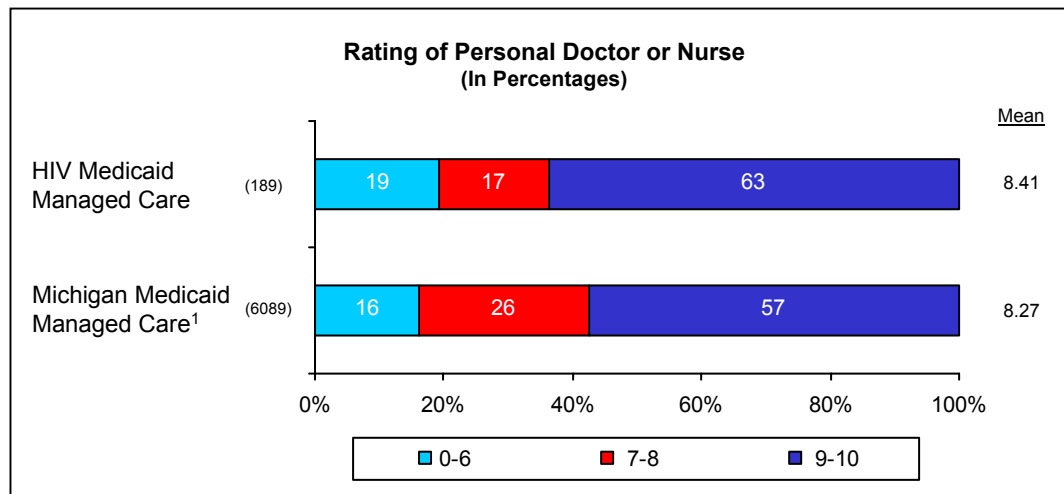
RESULTS AT-A-GLANCE

Overall Rating of Personal Doctor, Specialist, and Health Care

Overall Rating of Personal Doctor or Nurse

Respondents were asked to rate their health care provider overall, using a “0 to 10” scale, where a “0” means the lowest rating for their personal doctor or nurse and a “10” means the highest rating for their personal doctor or nurse.

- Medicaid members with HIV/AIDS rated their personal doctor or nurse, on average, an 8.41. Specifically, 63% gave a rating of 9 or 10 to their personal doctor or nurse, 17% gave a rating of 7 or 8, while 19% gave a rating of 6 or less.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members.



Base = Those able to rate based on experience

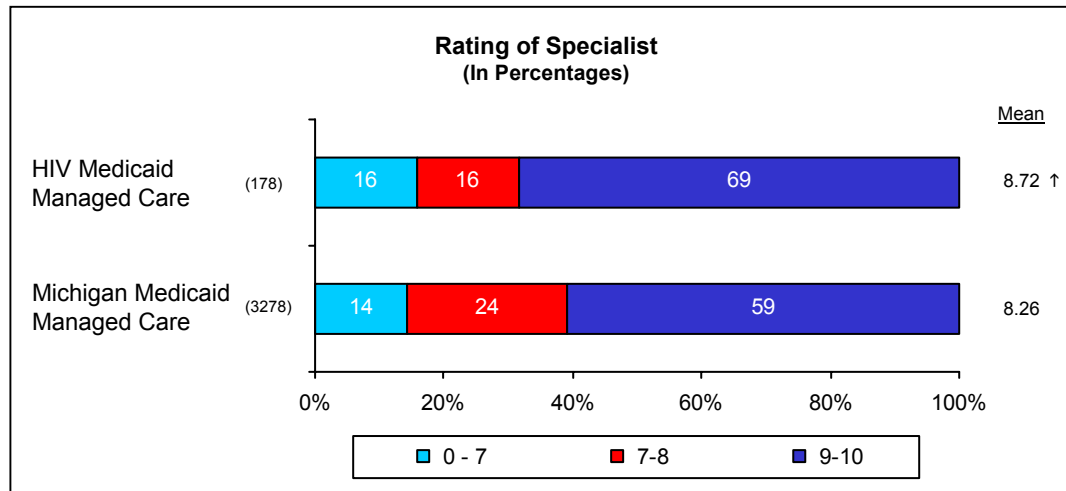
¹Base = Those who have one person they think of as their personal doctor/nurse and able to rate
(HIV Medicaid Q11/Michigan Medicaid Q6)

Overall Rating of Personal Doctor, Specialist, and Health Care (cont'd)

Overall Rating of Specialist

Respondents who have seen a specialist in the past six months were asked to rate the specialist overall, using a “0 to 10” scale, where a “0” means the lowest rating for specialists and a “10” means the highest rating for specialists. Please note that Medicaid members with HIV/AIDS were asked specifically about their HIV/AIDS specialist, while respondents of Michigan’s statewide CAHPS survey were asked about any specialist they visited.

- Medicaid members with HIV/AIDS gave their specialist a rating of 8.72, on average. Specifically, more than two-thirds (69%) rated their specialist either a 9 or 10, while another 16% rated their specialist a 7 or 8.
- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. HIV Medicaid members rated their specialist higher, on average (8.72 compared to 8.26).



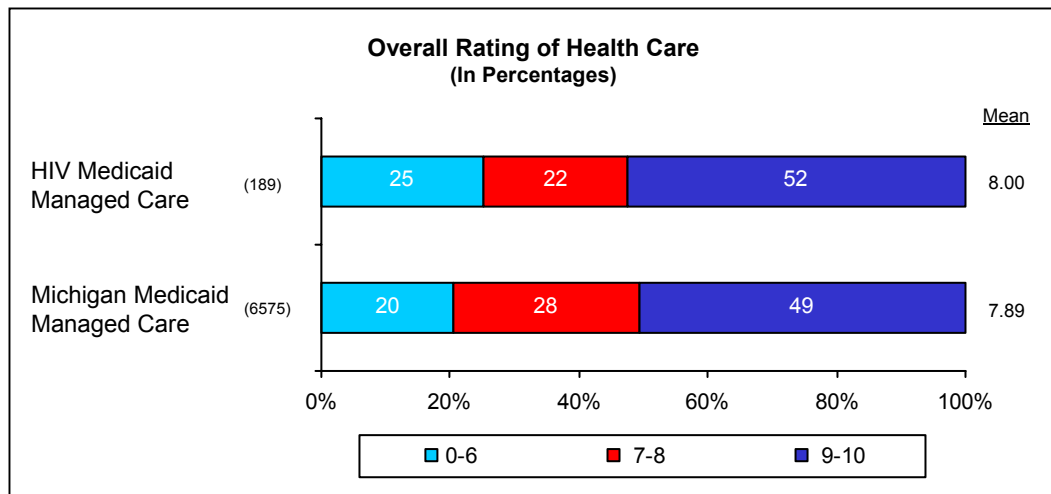
Base = Those able to rate based on experience
(HIV Medicaid Q15/Michigan Medicaid Q10)

Overall Rating of Personal Doctor, Specialist, and Health Care (cont'd)

Overall Rating of Health Care

Respondents who went to a doctor's office or clinic in the past six months were asked to rate their health care overall, using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.

- Medicaid members with HIV/AIDS rated their health care overall, on average, an 8.00. Specifically, a little more than half (52%) of the members with HIV/AIDS rated their overall health care a 9 or 10 and 22% rated their overall care as a 7 or 8.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members.



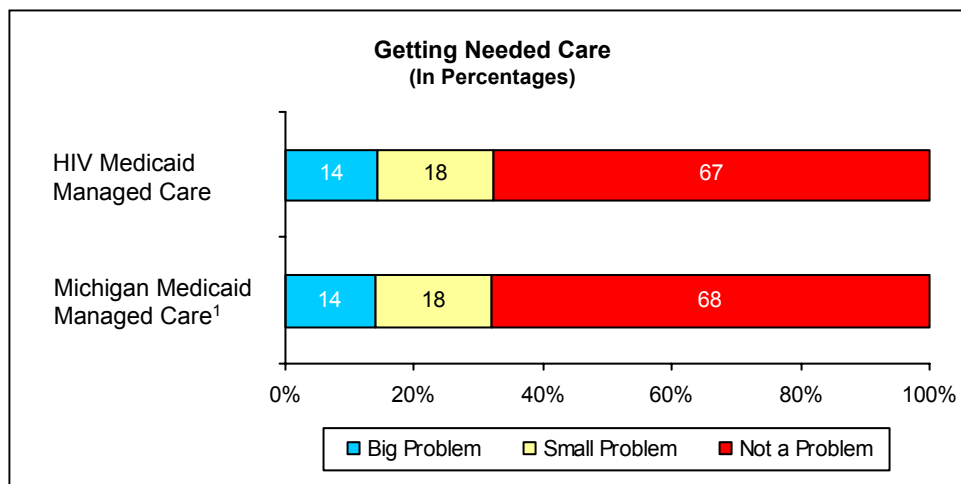
Base = Those able to rate based on experience
(HIV Medicaid Q36/Michigan Medicaid Q32)

Getting Needed Care

Composite Score for Getting Needed Care

The composite scores for “Getting Needed Care”^{*} indicated that the majority of members have had no problems with issues related to getting needed care within the past six months from when the survey was completed in the Fall of 2002.

- The composite scores for “Getting Needed Care” showed a rating of not a problem by about two-thirds of the Medicaid members with HIV/AIDS (67%), followed by 18% saying they had a small problem, and 14% saying they had a big problem.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



^{*}To get the percentages shown for the composite score “Getting Needed Care,” the answers to three individual survey questions were averaged. These questions asked members to tell how much of a problem, during the past six months, they had:

- Getting a personal doctor or nurse with whom they were happy (HIV Medicaid Q6/Michigan Medicaid Q4)
- Getting a referral to an HIV/AIDS specialist that they needed to see (HIV Medicaid Q13/Michigan Medicaid Q8)
- Getting the care they or their doctor believed necessary (HIV Medicaid Q27/Michigan Medicaid Q22)

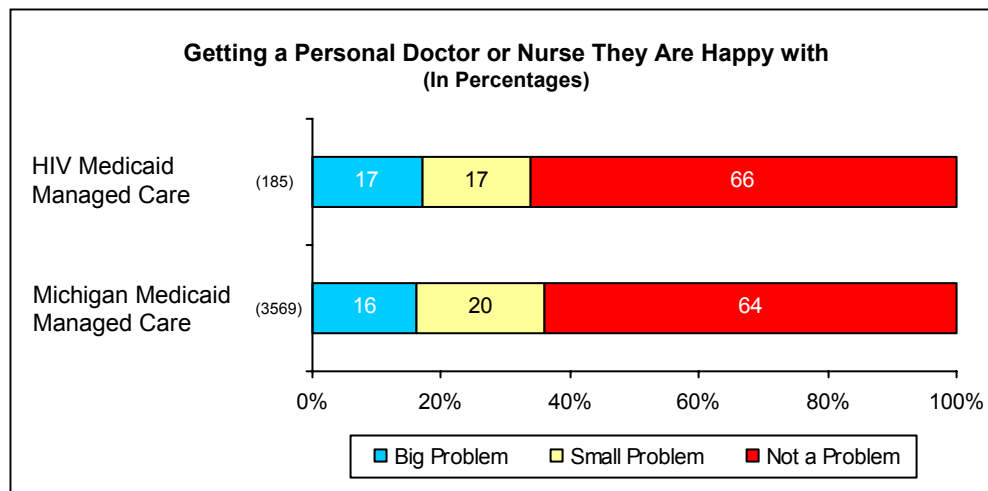
¹For comparison purposes, the composite score for “Getting Needed Care” among the Michigan Medicaid members was recalculated based on the questions asked in the HIV Medicaid Managed Care survey.

Getting Needed Care (cont'd)

Getting a Personal Doctor or Nurse with Whom They Are Happy

Respondents were asked to rate how much of a problem they had getting a personal doctor or nurse with whom they are happy.

- Two-thirds of the Medicaid members with HIV/AIDS (66%) have had no problems getting a personal doctor or nurse with whom they are happy, while about two in ten (17%) said that they had a small problem and another 17% reported having a big problem.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members.



Base = Those who have one person they think of as their personal doctor or nurse and able to rate
(HIV Medicaid Q6/Michigan Medicaid Q4)

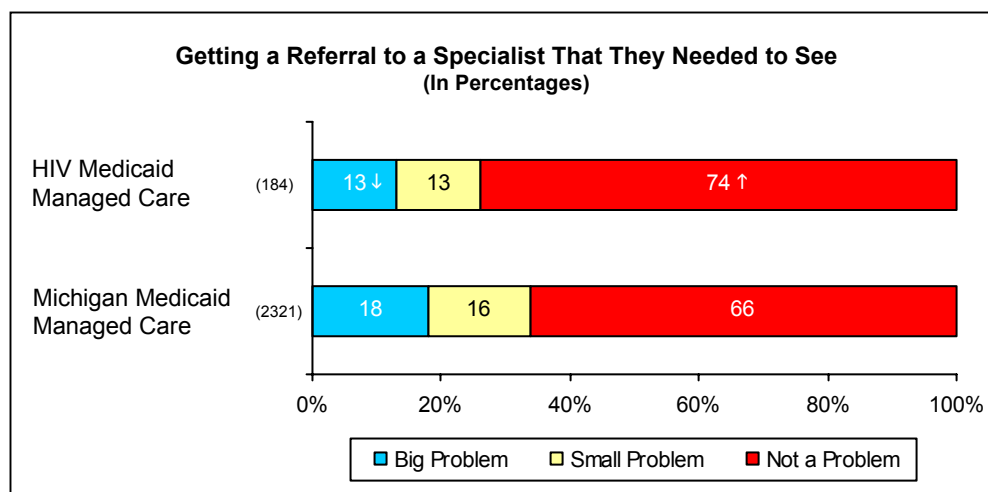
Getting Needed Care (cont'd)

Getting a Referral to a Specialist That They Needed to See

Respondents were asked to rate how much of a problem they had during the past six months getting a referral to a specialist that they needed to see. Please note that Medicaid members with HIV/AIDS were asked specifically about their HIV/AIDS specialist, while respondents of Michigan's statewide CAHPS survey were asked about their specialist in general.

- The majority of Medicaid members with HIV/AIDS have had no problems getting a referral to an HIV/AIDS specialist they needed to see.
- There were statistically significant differences between Medicaid members with HIV/AIDS and Michigan Medicaid members:
 - ① more Medicaid members with HIV/AIDS reported that they had no problems getting a referral to a specialist they needed to see (74% compared to 66%); and
 - ② fewer Medicaid members with HIV/AIDS reported having a big problem (13% compared to 18%).

However, these differences may be due to the fact that HIV/AIDS is a condition that requires more contact with a specialist.



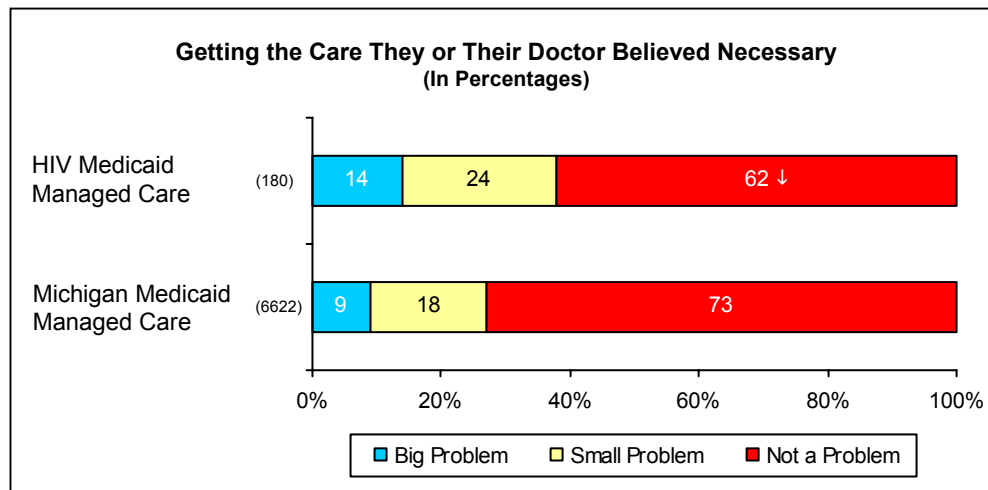
Base = Those who/whose doctor thought they needed to see a specialist and able to rate
(HIV Medicaid Q13/Michigan Medicaid Q8)

Getting Needed Care (cont'd)

Getting the Care They or Their Doctor Believed Necessary

Respondents were asked to rate how much of a problem they had during the past six months getting care they or their doctor believed necessary.

- The majority of Medicaid members with HIV/AIDS have had no problems getting the care they or their doctor believed necessary.
- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were less likely to report that they had no problems getting care they or their doctor believed necessary (62% compared to 73%).



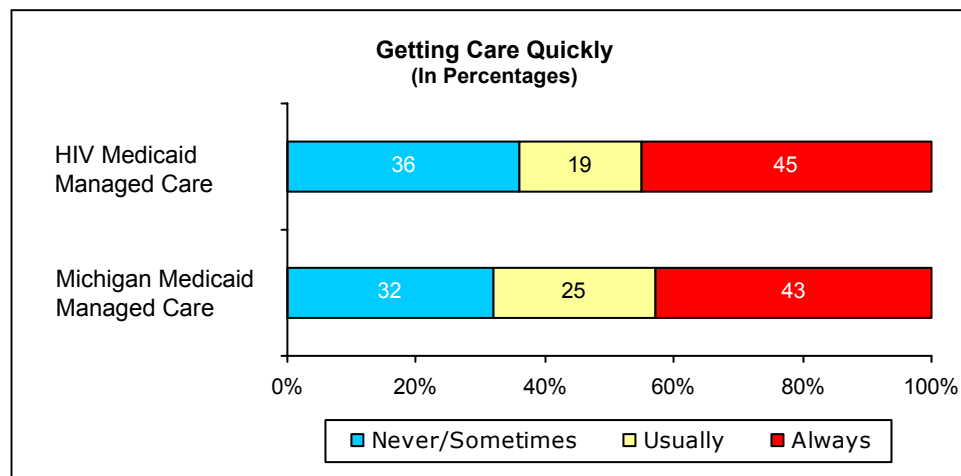
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q27/Michigan Medicaid Q22)

Getting Care Quickly

Composite Score for Getting Care Quickly

The composite scores for “Getting Care Quickly”* indicated that less than one-half of the Medicaid members with HIV/AIDS have always received care quickly within the past six months.

- The composite scores for “Getting Care Quickly” showed a rating of always or usually by 64% of members, while 36% gave a rating of never or only sometimes.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members.



*To get the percentages shown for the composite score “Getting Care Quickly,” the answers to four individual survey questions were averaged. These questions asked members to tell how often, during the past six months, they:

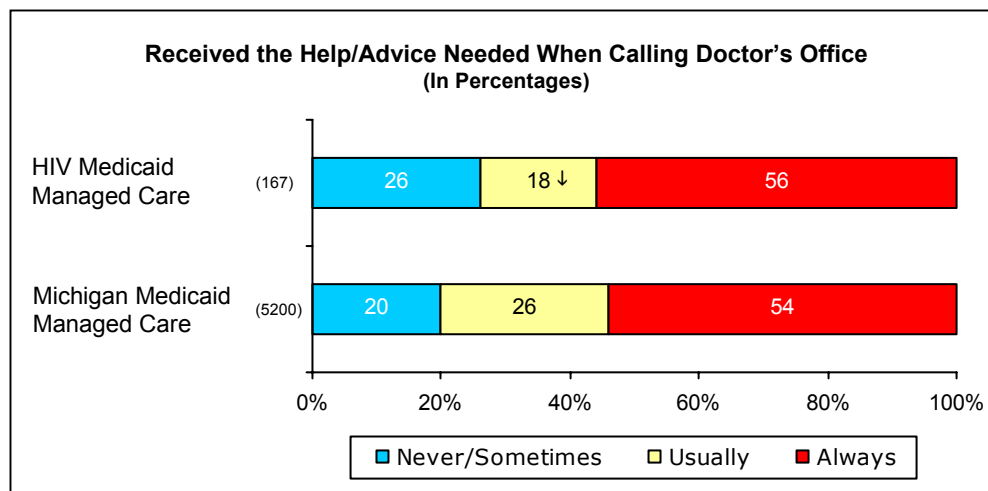
- Received the help or advice needed when calling during regular office hours (HIV Medicaid Q18/Michigan Medicaid Q13)
- Received an appointment for regular/routine health care as soon as they wanted (HIV Medicaid Q20/Michigan Medicaid Q15)
- Received the care needed for an illness/injury as soon as they wanted (HIV Medicaid Q23/Michigan Medicaid Q18)
- Waited in the doctor’s office less than 30 minutes past their appointment time (HIV Medicaid Q28/Michigan Medicaid Q24)

Getting Care Quickly (cont'd)

Received the Help or Advice Needed When Calling During Regular Office Hours

Respondents were asked to rate how often during the past six months they received the help or advice they needed when calling their doctor's office during regular office hours.

- About three-fourths of the Medicaid members with HIV/AIDS (74%) reported that they always or usually received the help or advice they needed when they called their doctor's office during regular office hours, while 26% said they never or only sometimes did.
- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were less likely to report that they usually received the help or advice they needed when they called their doctor's office during regular office hours (18% compared to 26%).



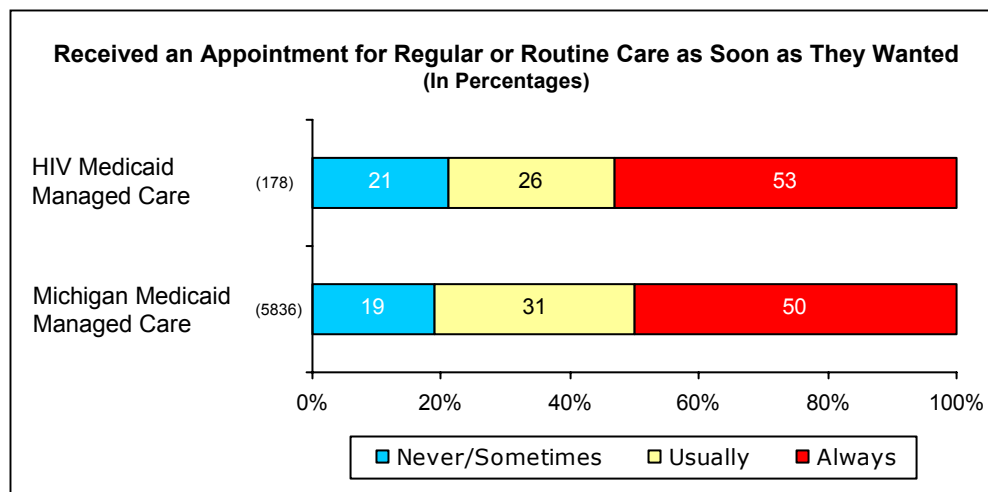
Base = Those who called a doctor's office/clinic during regular office hours to get help or advice for themselves and able to rate
(HIV Medicaid Q18/Michigan Medicaid Q13)

Getting Care Quickly (cont'd)

Received an Appointment for Regular/Routine Health Care as Soon as They Wanted

Respondents were asked to rate how often during the past six months they received an appointment for regular or routine health care as soon as they wanted.

- Nearly eight in ten Medicaid members with HIV/AIDS (79%) reported that they always or usually received an appointment for regular or routine health care as soon as they wanted, while 21% said they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



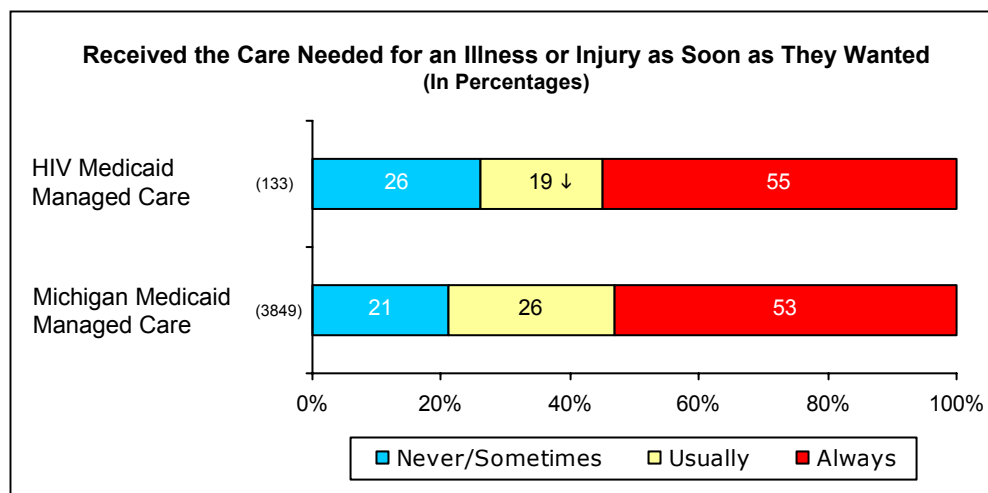
Base = Those who made an appointment for themselves for regular/routine health care and able to rate
(HIV Medicaid Q20/Michigan Medicaid Q15)

Getting Care Quickly (cont'd)

Received the Care Needed for an Illness/Injury as Soon as They Wanted

Respondents were asked to rate how often during the past six months they received the care they needed for an illness or injury as soon as they wanted.

- About three-fourths of the Medicaid members with HIV/AIDS (74%) reported that they always or usually received the care they needed for an illness or injury, while 26% said they never or only sometimes did.
- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were less likely to report that they usually received the care they needed for an illness or injury (19% compared to 26%).



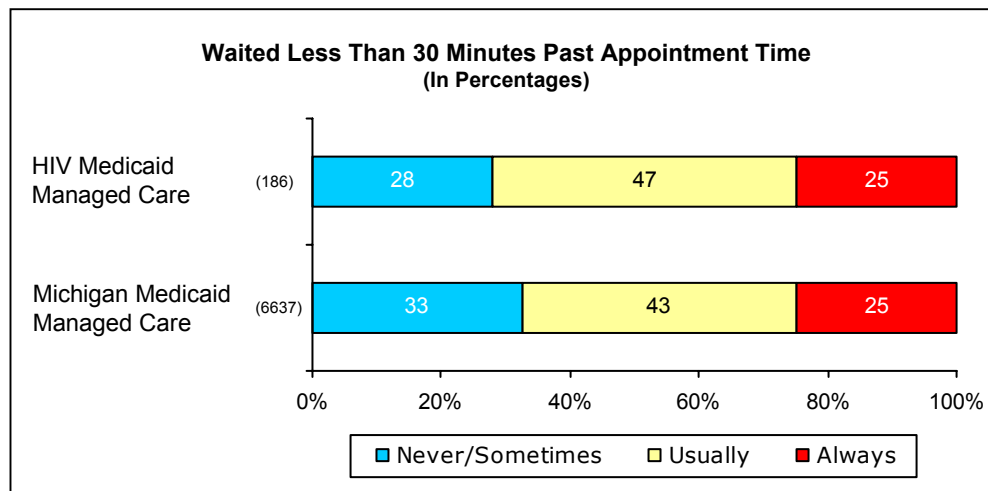
Base = Those who had an illness/injury that needed care right away and able to rate
(HIV Medicaid Q23/Michigan Medicaid Q18)

Getting Care Quickly (cont'd)

Waited in Doctor's Office Less Than 30 Minutes Past Their Appointment Time

Respondents were asked to rate how often during the six months prior to completing the survey they waited in the doctor's office less than 30 minutes past their appointment time.

- Almost three-fourths of the Medicaid members with HIV/AIDS (72%) said that they always or usually waited in the doctor's office less than 30 minutes past their appointment time, while about three in ten (28%) said they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



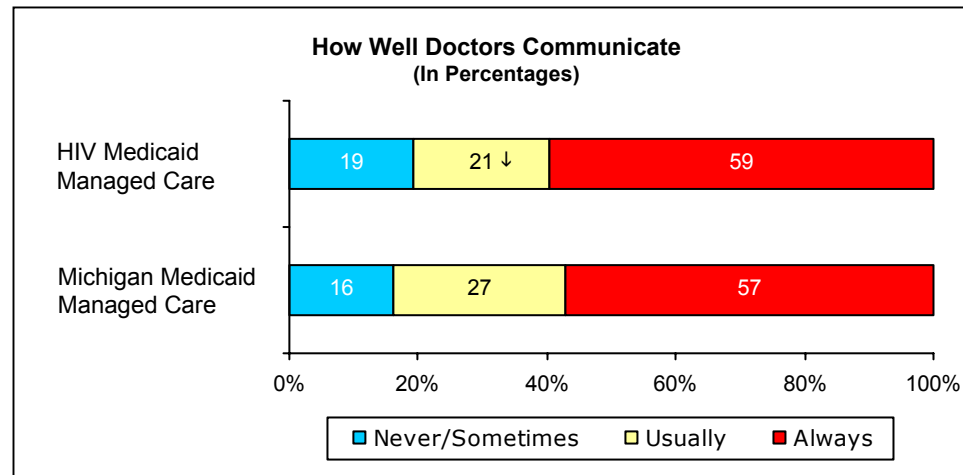
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q28/Michigan Medicaid Q24)

How Well Doctors Communicate

Composite Score for How Well Doctors Communicate

The composite scores for “How Well Doctors Communicate”^{*} indicated that about eight in ten Medicaid members with HIV/AIDS feel that their doctors always communicate well with them.

- The composite scores for “How Well Doctors Communicate” showed a rating of always or usually by about eight in ten members (81%), while 19% gave a rating of never or only sometimes.
- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were less likely to give a rating of usually for the composite scores for “How Well Doctors Communicate” (21% compared to 27%).



^{*}To get the percentages shown for the composite score “How Well Doctors Communicate,” the answers to four individual survey questions were averaged. These questions asked members to tell how often, during the past six months, doctors or other health providers:

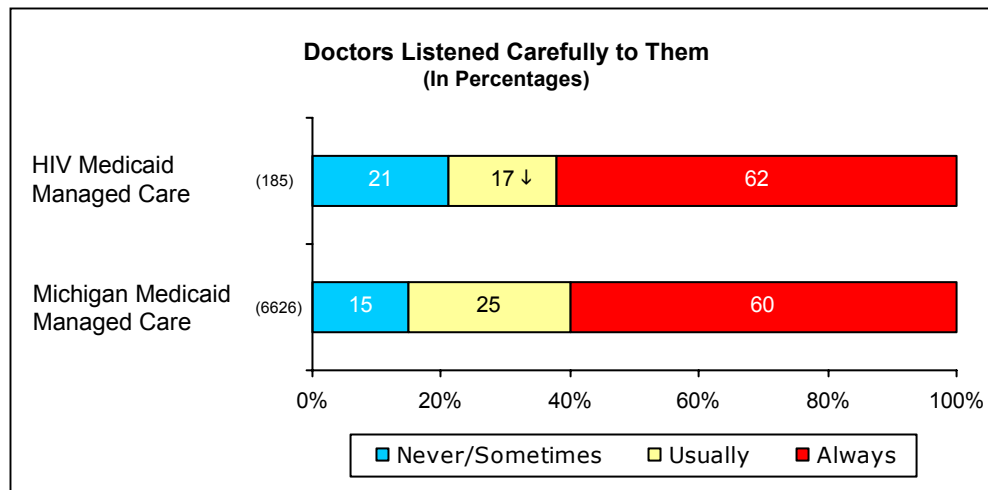
- Listened carefully to them (HIV Medicaid Q31/Michigan Medicaid Q27)
- Explained things in a way they could understand (HIV Medicaid Q33/Michigan Medicaid Q29)
- Showed respect for what they had to say (HIV Medicaid Q34/Michigan Medicaid Q30)
- Spent enough time with them (HIV Medicaid Q35/Michigan Medicaid Q31)

How Well Doctors Communicate (cont'd)

Doctors or Other Health Providers Listened Carefully to Them

Respondents were asked to rate how often during the past six months their doctors or other health providers listened carefully to them.

- Nearly eight in ten Medicaid members with HIV/AIDS (79%) reported that their doctors or other health providers always or usually listened carefully to them, while 21% said they never or only sometimes did.
- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were less likely to report that their doctors or other health providers usually listened carefully to them (17% compared to 25%).



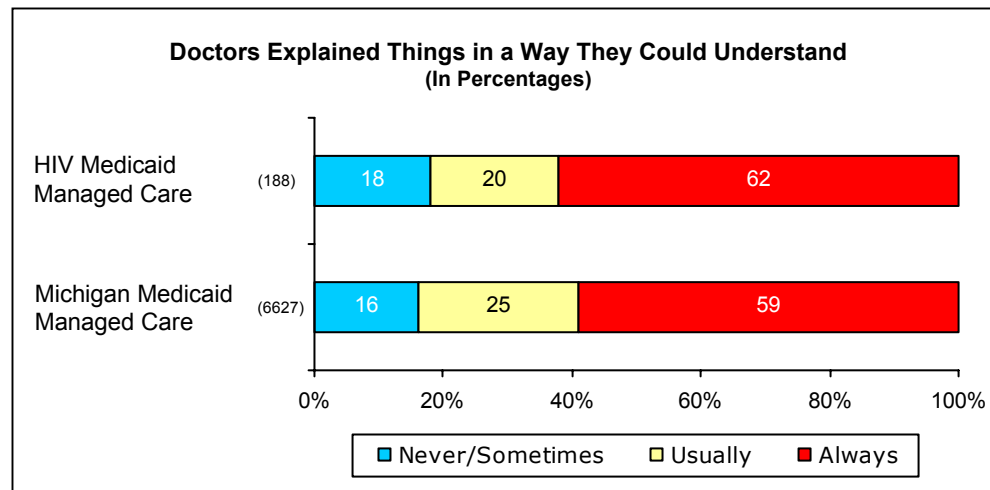
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q31/Michigan Medicaid Q27)

How Well Doctors Communicate (cont'd)

Doctors or Other Health Providers Explained Things in a Way They Could Understand

Respondents were asked to rate how often during the past six months their doctors or other health providers explained things in a way they could understand.

- About eight in ten Medicaid members with HIV/AIDS (82%) reported that their doctors or other health providers always or usually explained things in a way they could understand, while 18% said they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



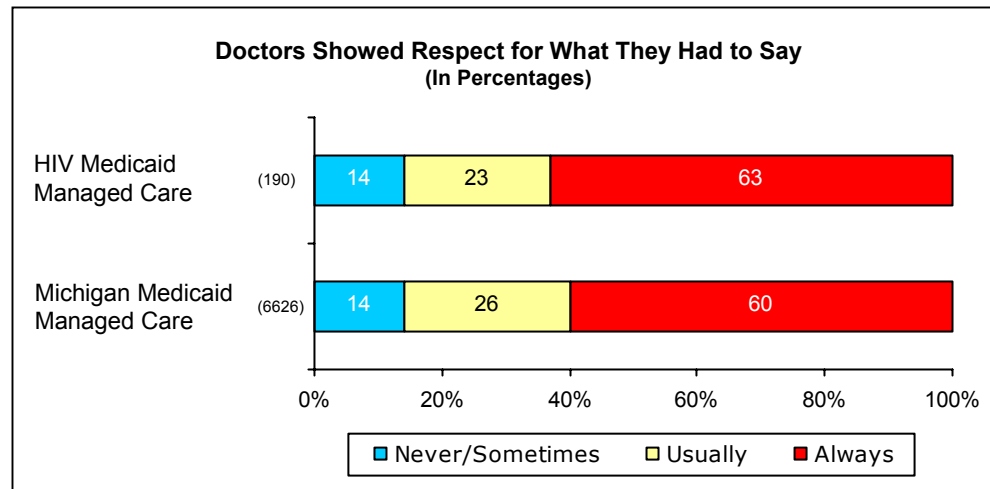
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q33/Michigan Medicaid Q29)

How Well Doctors Communicate (cont'd)

Doctors or Other Health Providers Showed Respect for What They Had to Say

Respondents were asked to rate how often during the past six months their doctors or other health providers showed respect for what they had to say.

- More than eight in ten members (86%) reported that their doctors or other health providers always or usually showed respect for what they had to say, while 14% said they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



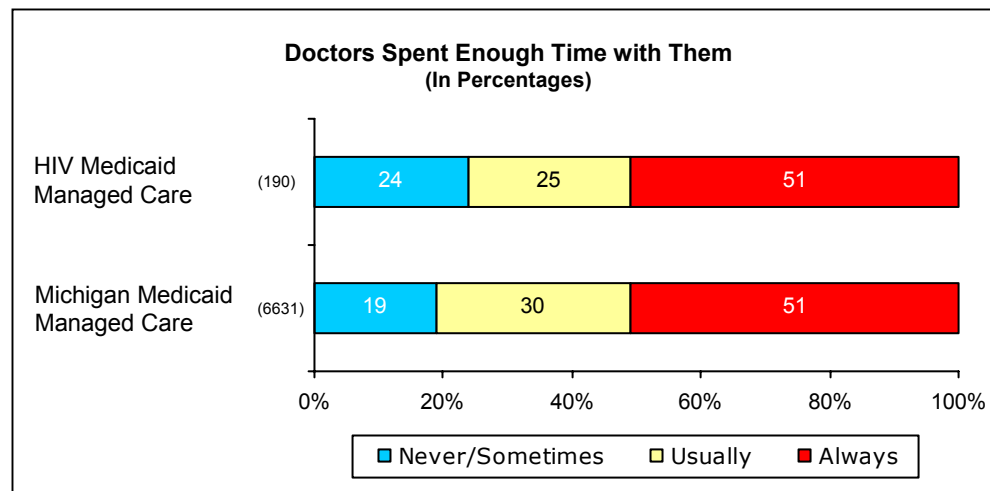
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q34/Michigan Medicaid Q30)

How Well Doctors Communicate (cont'd)

Doctors or Other Health Providers Spent Enough Time with Them

Respondents were asked to rate how often during the past six months their doctors or other health providers spent enough time with them.

- About three-fourths of Medicaid members with HIV/AIDS (76%) reported that their doctors or other health providers always or usually spent enough time with them, while 24% said they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



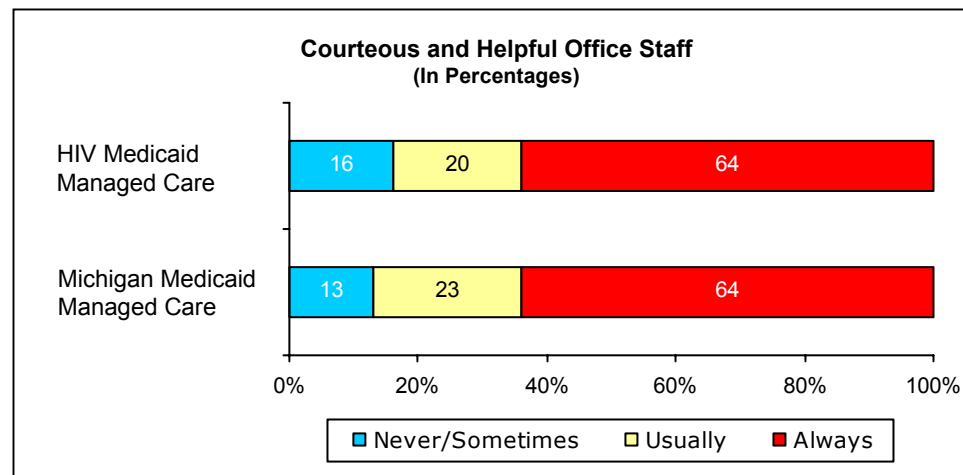
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q35/Michigan Medicaid Q31)

Courteous and Helpful Office Staff

Composite Score for Courteous and Helpful Office Staff

The composite scores for “Courteous and Helpful Office Staff”^{*} indicated that nearly two-thirds of Medicaid members with HIV/AIDS report that the doctor’s office staff is always courteous and helpful.

- The composite scores for “Courteous and Helpful Office Staff” showed a rating of always or usually by more than eight in ten Medicaid members with HIV/AIDS (84%), while 16% gave a rating of never or only sometimes.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



^{*}To get the percentages shown for the composite score “Courteous and Helpful Office Staff,” the answers to two individual survey questions were averaged. These questions asked members to tell how often, during the past six months, office staff at the doctor’s office or clinic:

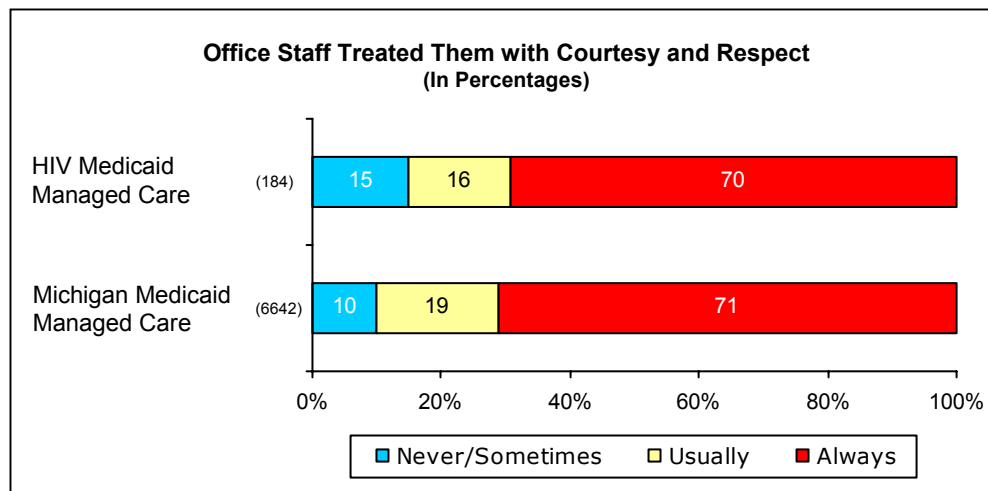
- Treated them with courtesy and respect (HIV Medicaid Q29/Michigan Medicaid Q25)
- Were as helpful as they thought the staff should be (HIV Medicaid Q30/Michigan Medicaid Q26)

Courteous and Helpful Office Staff (cont'd)

Office Staff Treated Them with Courtesy and Respect

Respondents were asked to rate how often in the past six months the office staff at their doctor's office or clinic treated them with courtesy and respect.

- More than eight in ten Medicaid members with HIV/AIDS (85%) reported that the office staff at their doctor's office always or usually treated them with courtesy and respect, while 15% said that they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



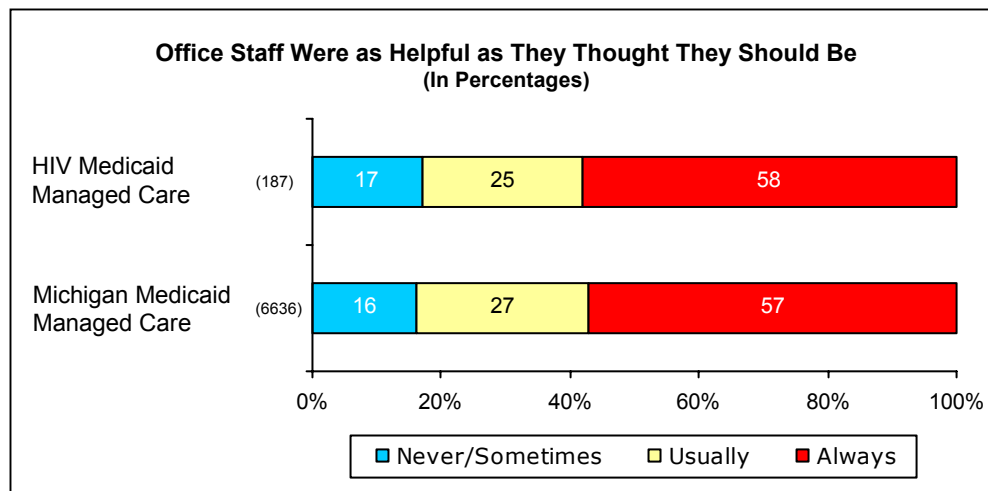
Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q29/Michigan Medicaid Q25)

Courteous and Helpful Office Staff (cont'd)

Office Staff Were as Helpful as They Thought They Should Be

Respondents were asked to rate how often in the past six months the office staff at their doctor's office or clinic were as helpful as they thought they should be.

- More than eight in ten Medicaid members with HIV/AIDS (83%) reported that the office staff at their doctor's office were always or usually as helpful as they thought they should be, while 17% said they never or only sometimes were.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q30/Michigan Medicaid Q26)

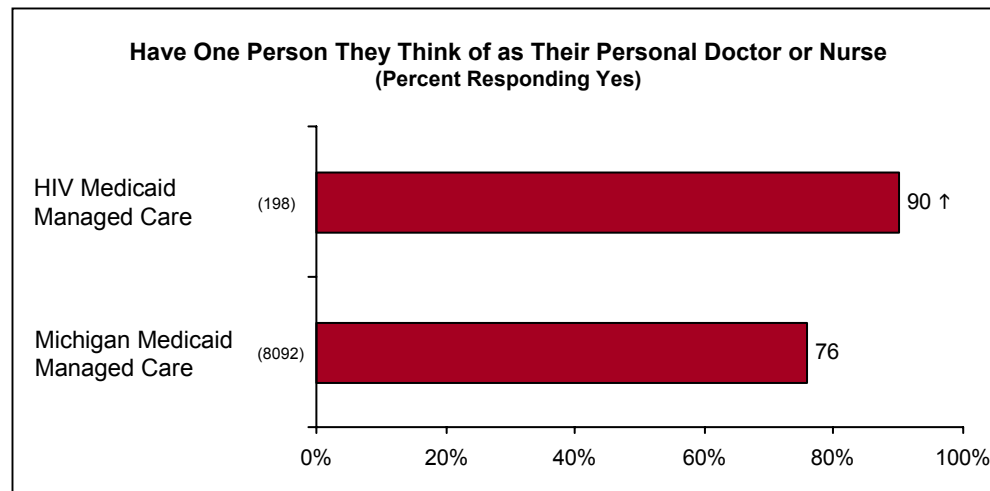
DETAILED FINDINGS

Personal Doctor or Nurse

Have One Person They Think of as Their Personal Doctor or Nurse

Respondents were asked whether or not they have one person they think of as their personal doctor or nurse.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that they have one person they think of as their personal doctor or nurse (90% compared to 76%).



Base = Those answering
(HIV Medicaid Q5/Michigan Medicaid Q5)

Personal Doctor or Nurse (cont'd)

Type of Doctor Visited

Respondents were asked if their personal doctor or nurse was a general doctor, a specialist, a physician assistant or a nurse.

- Medicaid members with HIV/AIDS most often reported that their personal doctor or nurse was a specialist (45%), followed closely by a general doctor (43%).

Respondents were then asked how many months or years have they been going to their personal doctor or nurse.

- About one-fourth of Medicaid members with HIV/AIDS (27%) reported that they have been going to their personal doctor or nurse for less than one year, while 17% indicated between 12 and 24 months and more than one-half (56%) reported going to their personal doctor or nurse for at least two years.

This table shows the type of doctors used by *members* surveyed:

Type of Doctor	HIV Medicaid Managed Care N= (183)
Specialist Doctor	45%
General Doctor	43%
Nurse	8%
Physician Assistant	4%

Base = Those who have one person they think of as their personal doctor or nurse and answering (HIV Medicaid Q7)
Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

This table shows the number of months or years members have been visiting their personal doctor or nurse:

Length of Time Going to Doctor's Office	HIV Medicaid Managed Care N= (186)
Less than 6 months	13%
6 up to 12 months	14%
12 up to 24 months	17%
2 up to 5 years	32%
5 years or more	24%

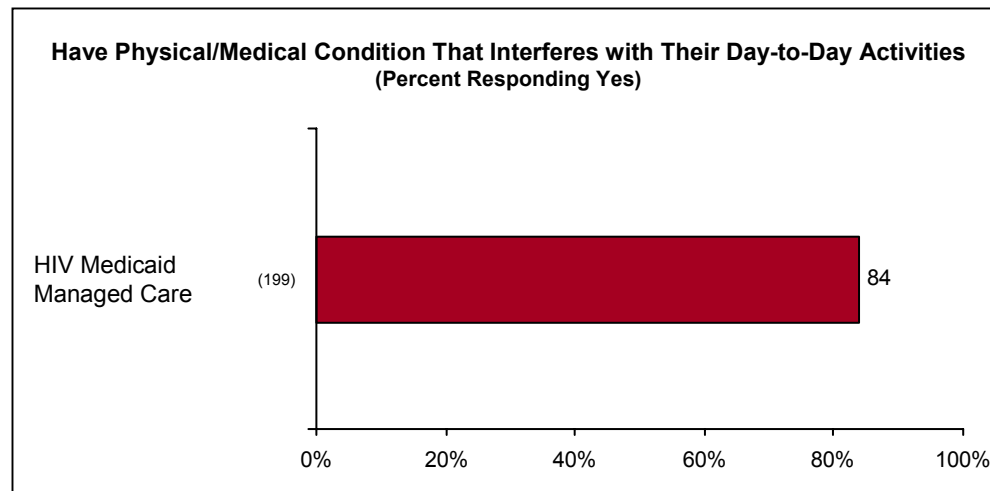
Base = Those who have one person they think of as their personal doctor or nurse and answering (HIV Medicaid Q8)
Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Personal Doctor or Nurse (cont'd)

Have Physical or Medical Condition That Seriously Interferes with Their Day-to-Day Activities

Respondents were asked whether or not they have a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities.

- More than eight in ten Medicaid members with HIV/AIDS (84%) reported having a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities.



Base = Those answering
(HIV Medicaid Q9)

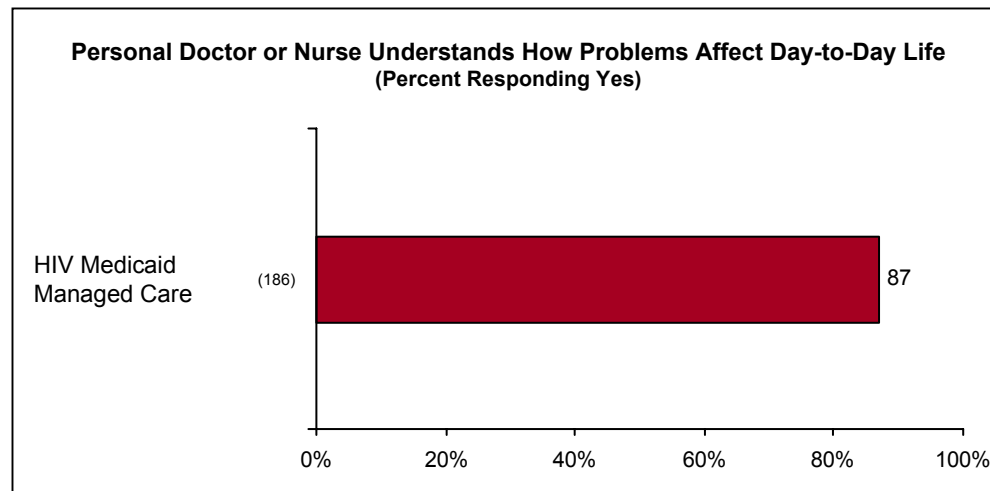
Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Personal Doctor or Nurse (cont'd)

Personal Doctor or Nurse Understands How Any Health Problems Affect Day-to-Day Life

Respondents were asked whether or not their personal doctor or nurse understands how any health problems they have affect their day-to-day life.

- The majority of Medicaid members with HIV/AIDS (87%) reported that their personal doctor or nurse understands how any health problems they have affect their day-to-day life.



Base = Those answering
(HIV Medicaid Q10)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

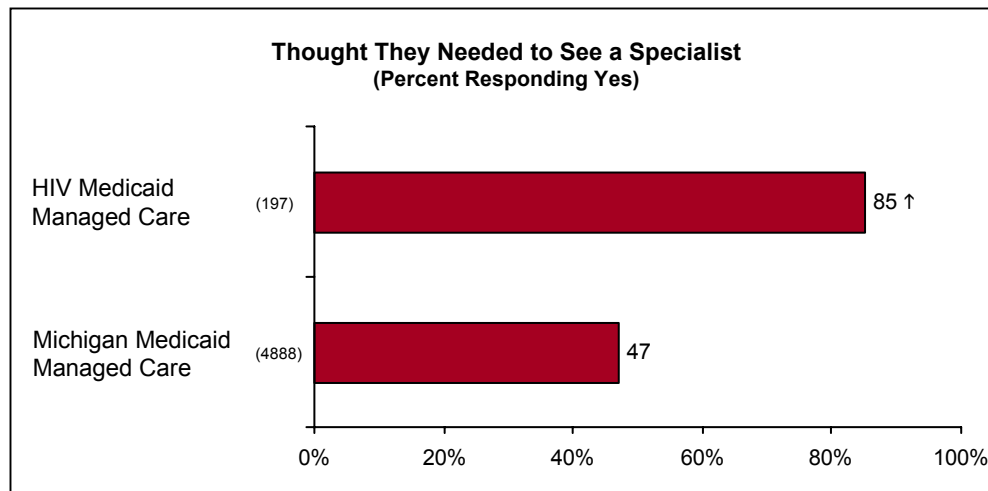
Getting Health Care from a Specialist

Thought They Needed to See a Specialist

Respondents were asked whether, in the previous six months, they or their doctor thought they needed to see a specialist. Please note that Medicaid members with HIV/AIDS were asked specifically about their HIV/AIDS specialist, while respondents of Michigan's statewide CAHPS survey were asked about their specialist in general.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that they or their doctor thought they needed to see an HIV/AIDS specialist (85% compared to 47%).

However, these differences may be due to the fact that HIV/AIDS is a condition that requires more contact with a specialist.



Base = Those answering
(HIV Medicaid Q12/Michigan Medicaid Q7)

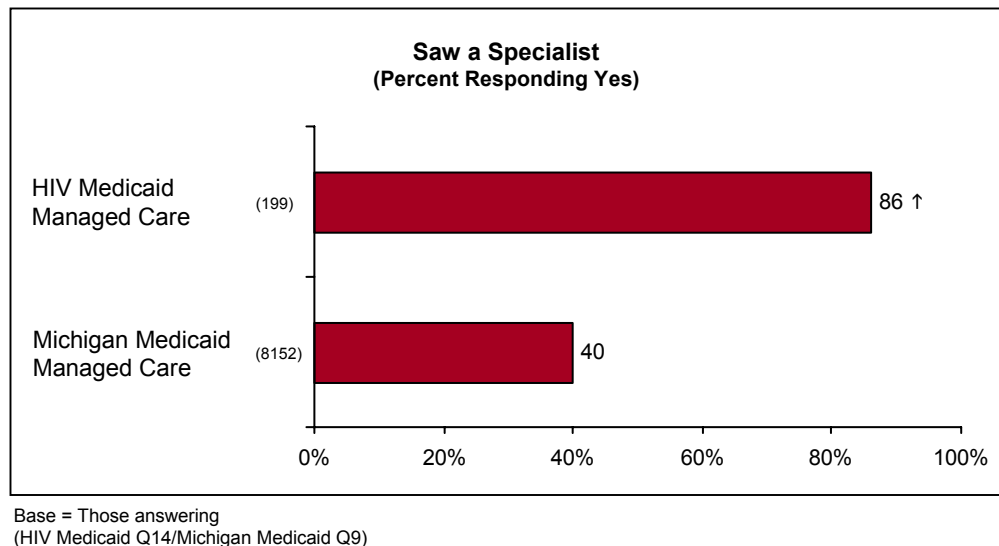
Getting Health Care from a Specialist (cont'd)

Saw a Specialist

Respondents were asked whether they saw a specialist in the previous six months. Please note that Medicaid members with HIV/AIDS were asked specifically about their HIV/AIDS specialist, while respondents of Michigan's statewide CAHPS survey were asked about their specialist in general.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that they saw an HIV/AIDS specialist (86% compared to 40%).

However, these differences may be due to the fact that HIV/AIDS is a condition that requires more contact with a specialist.



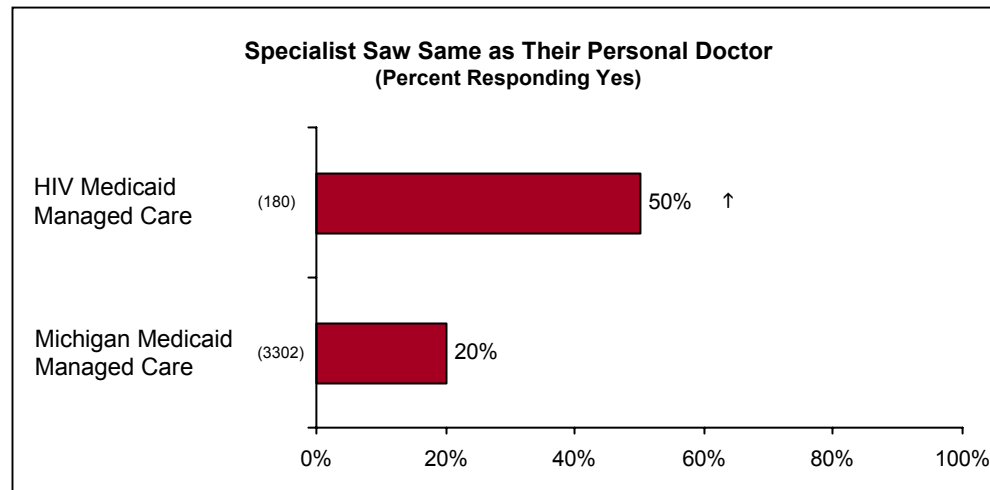
Getting Health Care from a Specialist (cont'd)

Specialist Saw Most Often Was the Same Doctor as Personal Doctor

Respondents who had seen a specialist in the past six months were asked if this doctor was the same doctor as their personal doctor. Please note that Medicaid members with HIV/AIDS were asked specifically about their HIV/AIDS specialist, while respondents of Michigan's statewide CAHPS survey were asked about their specialist in general.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that their HIV/AIDS specialist was the same doctor as their personal doctor (50% compared to 20%).

However, these differences may be due to the fact that HIV/AIDS is a condition that requires more contact with a specialist.



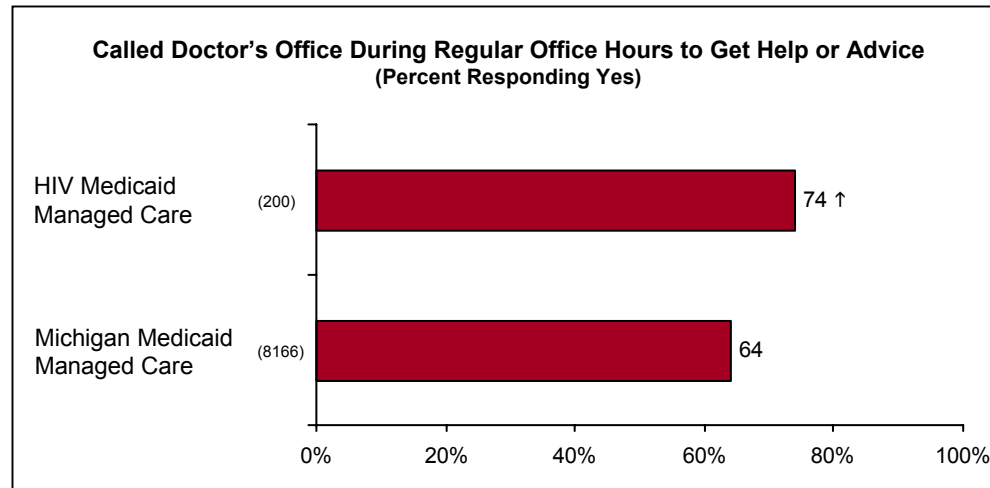
Base = Those who saw a specialist in the last 6 months and answering
(HIV Medicaid Q16/Michigan Medicaid Q11)

Access to Health Care

Called Doctor's Office During Regular Office Hours to Get Help or Advice

Respondents were asked whether, in the previous six months, they had called their doctor's office or clinic during regular office hours to get help or advice.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that they had called their doctor's office or clinic during regular office hours to get help or advice (74% compared to 64%).



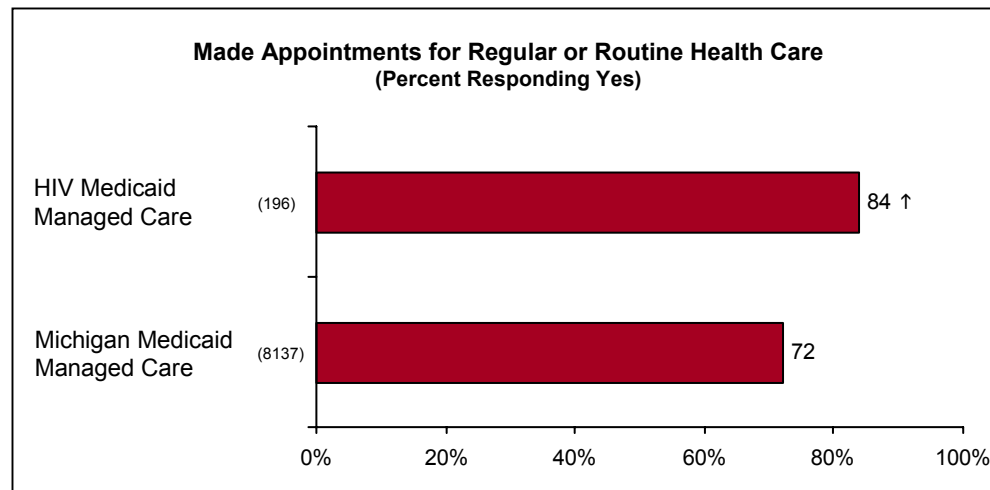
Base = Those answering
(HIV Medicaid Q17/Michigan Medicaid Q12)

Access to Health Care (cont'd)

Made Appointments for Regular or Routine Health Care

Respondents were asked whether they had made an appointment with a doctor or other health provider for regular or routine health care in the previous six months.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that they had made an appointment with a doctor or other health provider for regular or routine health care (84% compared to 72%).



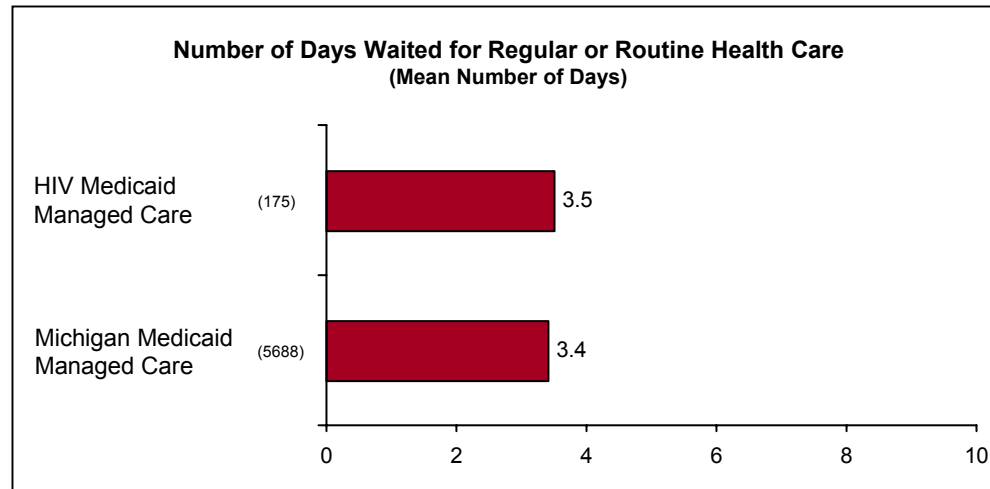
Base = Those answering
(HIV Medicaid Q19/Michigan Medicaid Q14)

Access to Health Care (cont'd)

Number of Days Between Making Appointment and Seeing Provider for Regular or Routine Care

Respondents who had made an appointment for routine health care were asked how many days they had to wait between making an appointment and seeing a provider.

- Medicaid members with HIV/AIDS reported waiting 3.5 days between making an appointment and seeing a provider, on average.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



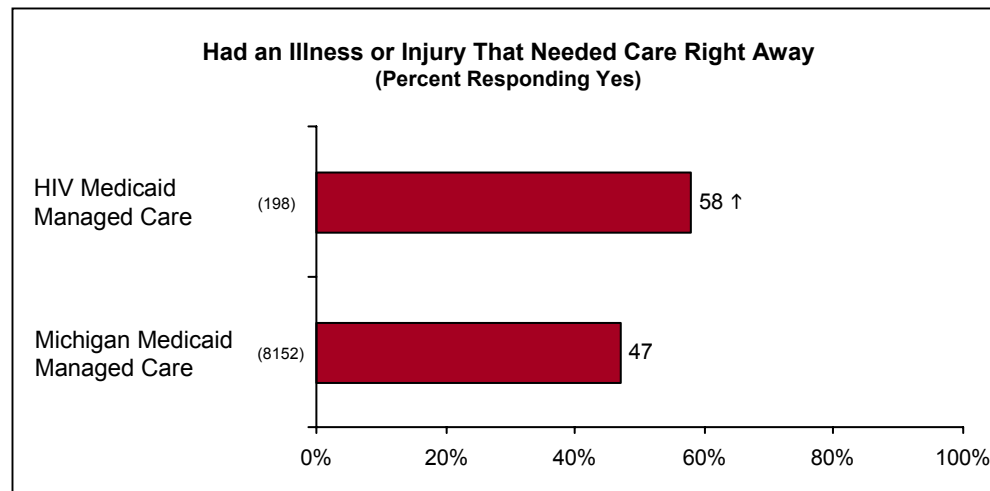
Base = Those who made appointments for themselves for regular or routine health care and answering
(HIV Medicaid Q21/Michigan Medicaid Q16)

Access to Health Care (cont'd)

Had an Illness or Injury That Needed Care Right Away

Respondents were asked if, in the past six months, they had an illness or injury that needed care right away from a doctor's office, clinic, or emergency room.

- There was a statistically significant difference in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members. Medicaid members with HIV/AIDS were more likely to report that they had an illness or injury that needed care right away from a doctor's office, clinic, or emergency room (58% compared to 47%).



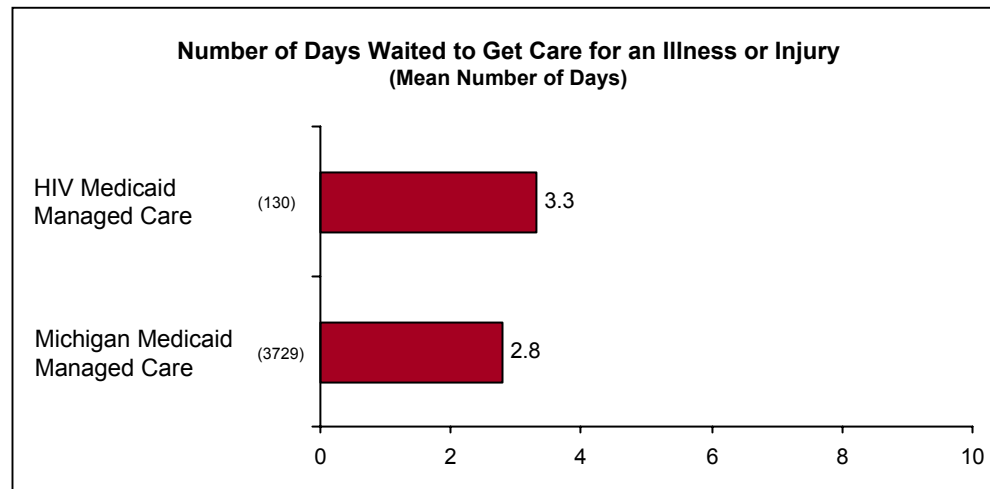
Base = Those answering
(HIV Medicaid Q22/Michigan Medicaid Q17)

Access to Health Care (cont'd)

Number of Days Between Making Appointment and Seeing a Provider for an Illness or Injury

Respondents who had an illness or injury that needed care right away were asked how many days they waited between making an appointment and seeing a provider.

- Medicaid members with HIV/AIDS who had an illness or injury that needed care right away reported waiting an average of three days (3.3 days) between making an appointment and seeing a provider.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



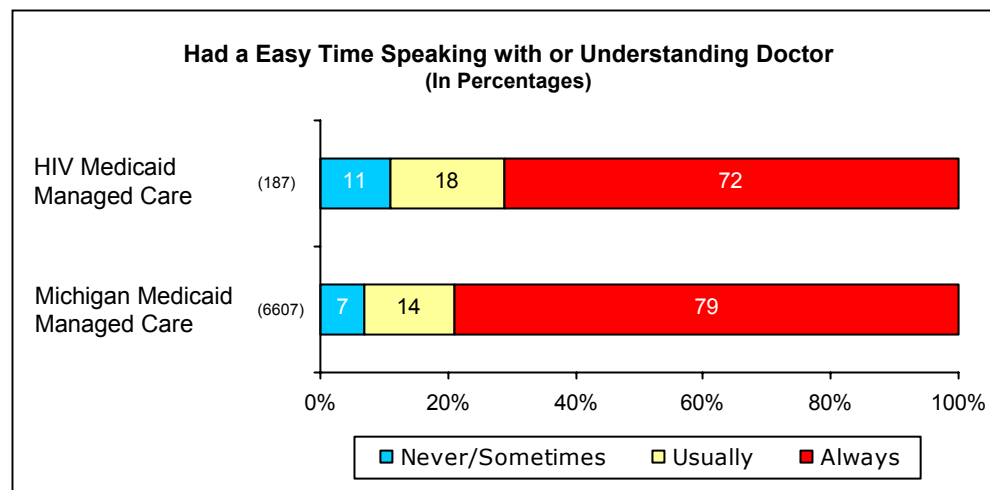
Base = Those who had an illness or injury that needed care right away and answering
(HIV Medicaid Q24/Michigan Medicaid Q19)

Access to Health Care (cont'd)

Had an Easy Time Speaking with or Understanding Their Doctor

Respondents who visited a doctor's office in the past six months were asked how often they had an easy time speaking with or understanding their doctor or other health provider because they spoke different languages.

- The majority of Medicaid members with HIV/AIDS (91%) reported that they always or usually had an easy time speaking with or understanding their personal doctor or nurse, while 11% said they never or only sometimes did.
- There were no statistically significant differences in the results between Medicaid members with HIV/AIDS and the Michigan Medicaid members.



Base = Those who went to a doctor's office/clinic in the last 6 months and able to rate
(HIV Medicaid Q32/Michigan Medicaid Q28)

Access to Health Care (cont'd)

Interpreter Services

Respondents were asked, in the past six months, if they needed an interpreter to help speak with doctors or other health providers and how often they got one when needed.

- One in twenty Medicaid members with HIV/AIDS (5%) reported that they needed an interpreter.
- Almost one-fourth of these members (23%) reported that they always or usually got an interpreter when needed. However, more than three-fourths (77%) said they never or only sometimes did.

This table shows the interpreter services of the <i>members</i> surveyed:			
		<u>HIV Medicaid Managed Care</u>	<u>Michigan Medicaid Managed Care</u>
Needed an Interpreter	n=	(198)	(8142)
Yes		5%	4%
No		95%	96%
Frequency of Getting Interpreter When Needed ¹	n=	(47)	(339)
Never/Sometimes		77%	44%
Usually		2%	12%
Always		21%	44%

Base = Those answering (HIV Medicaid Q37,38/Michigan Medicaid Q33,34)

¹Base = Those who needed an interpreter to help speak with doctors or other health providers and able to rate

Access to Health Care (cont'd)

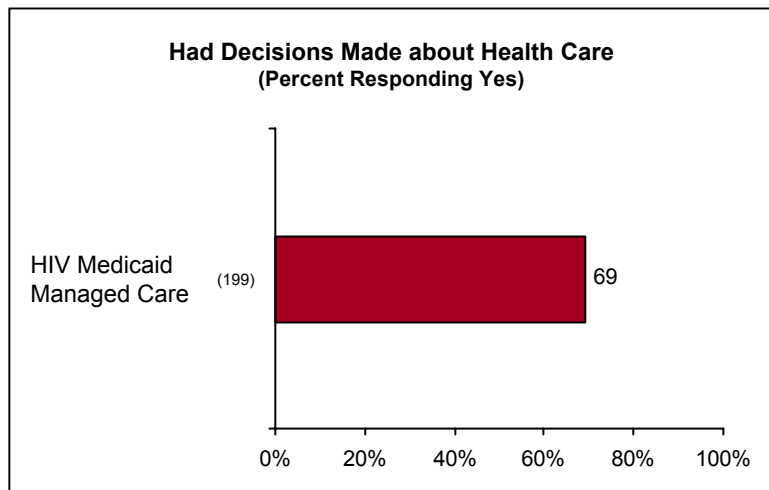
Decisions Made about Health Care

Respondents were asked if any decisions were made about their health care in the previous six months.

- More than two-thirds of Medicaid members with HIV/AIDS (69%) said that they had decisions made about their health care.

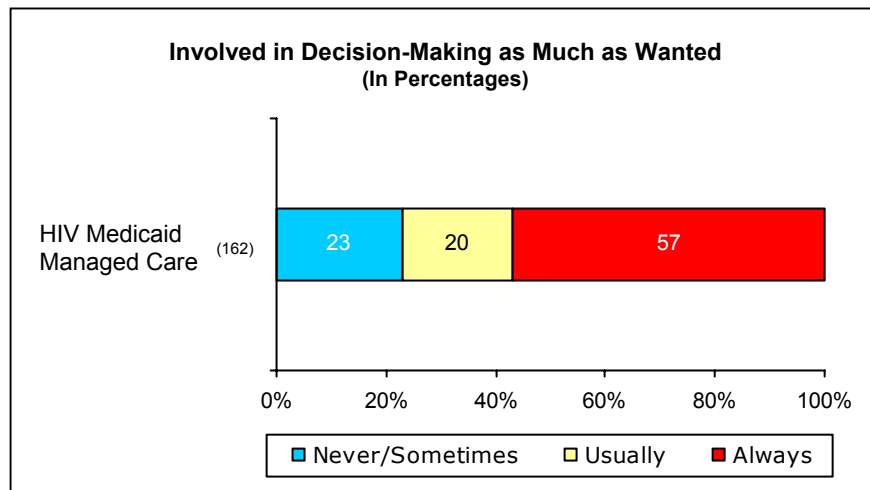
Respondents were then asked how often they were involved as much as they wanted in the decision-making about their health care.

- More than three-fourths of these Medicaid members with HIV/AIDS (77%) reported being always or usually involved in the decision-making process as much as they wanted, while 23% said they never or only sometimes were involved.



Base = Those answering
(HIV Medicaid Q39)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.



Base = Those who had decisions make about their health care and able to rate
(HIV Medicaid Q40)

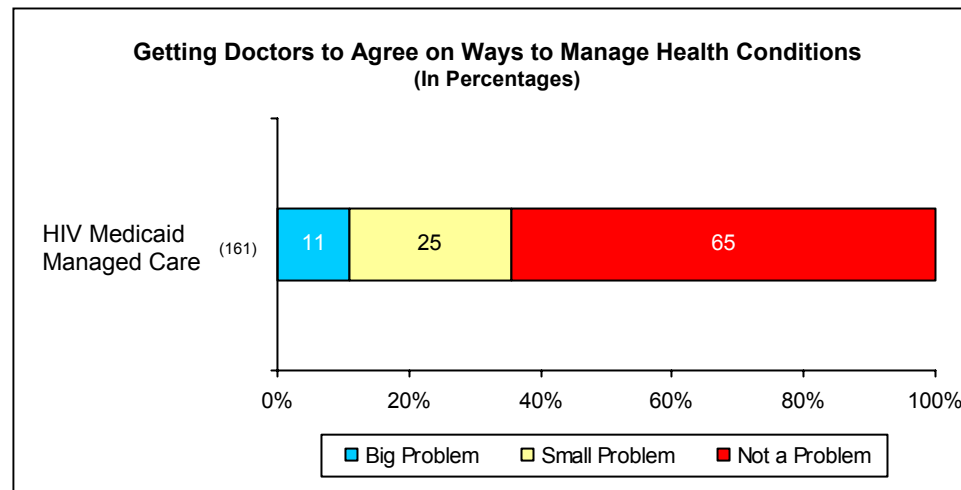
Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Access to Health Care (cont'd)

Getting Doctors or Other Health Providers to Agree on the Best Way to Manage Health Conditions

Respondents who had decisions made about their health care were asked how much of a problem they had getting their doctor or other health provider to agree with them on the best ways to manage their health condition.

- About two-thirds of Medicaid members with HIV/AIDS (65%) said that they had no problems getting their doctor or other health provider to agree with them on the best ways to manage their health condition, while 25% reported having a small problem, and another 11% said they had a big problem getting their doctor or other health provider to agree with them.



Base = Those who had decisions made about their health care and able to rate
(HIV Medicaid Q41)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Access to Health Care (cont'd)

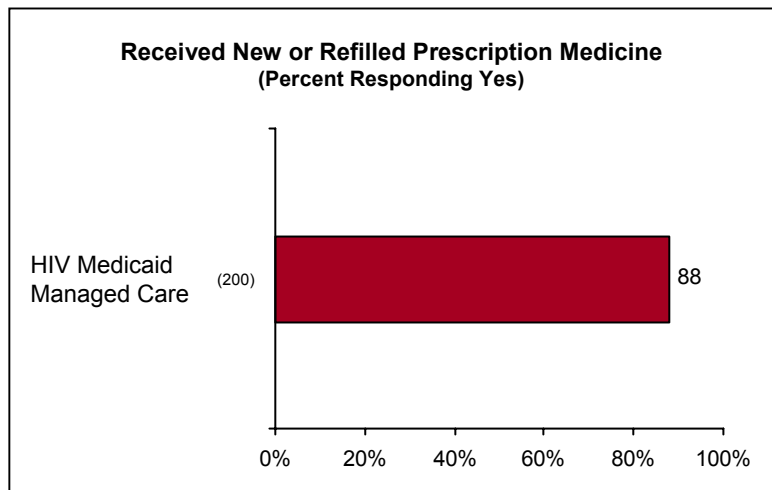
Prescription Medicine

Respondents were asked if they received any new prescription medicine or refilled a prescription in the past six months.

- The majority of Medicaid members with HIV/AIDS (88%) said that they received new prescription medicine or refilled a prescription.

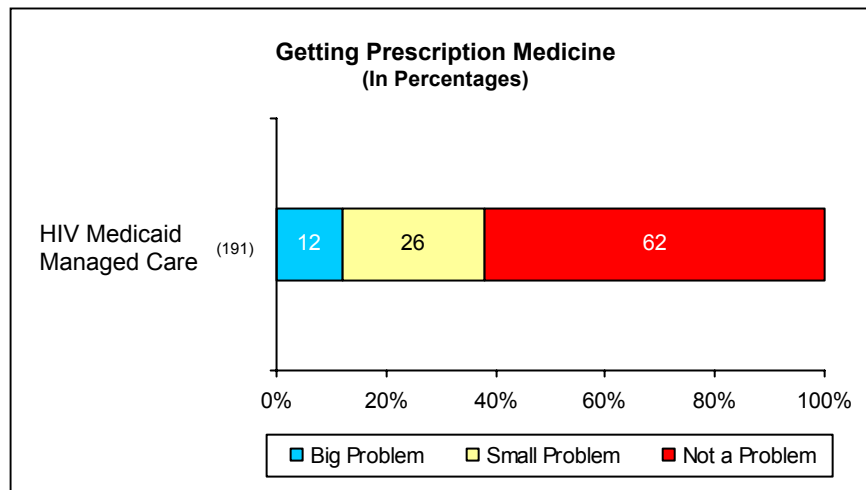
Respondents were then asked how much of a problem they had with getting their prescription medicine.

- About six in ten of these Medicaid members with HIV/AIDS (62%) said that they had no problems getting their prescription medicine, while 26% reported having a small problem, and another 12% said that they had a big problem getting their prescription medicine.



Base = Those answering
(HIV Medicaid Q42a)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.



Base = Those who got any new prescription medicine or refilled a prescription and able to rate
(HIV Medicaid Q42b)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Access to Health Care (cont'd)

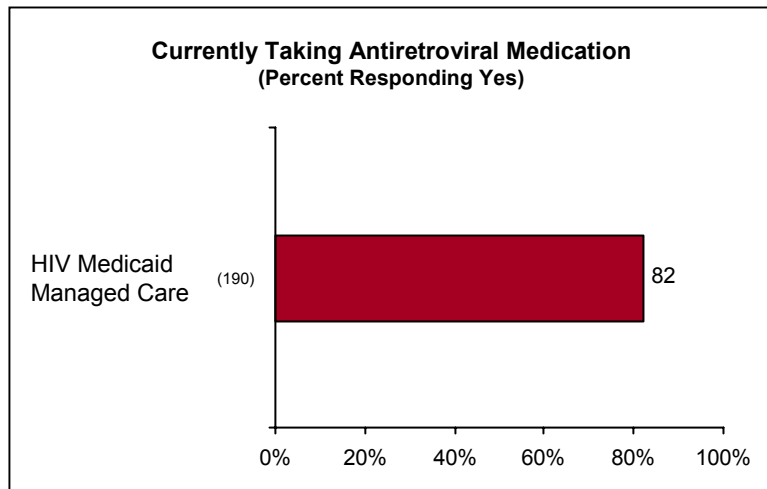
Antiretroviral Medication

Respondents were asked whether or not they are currently taking antiretroviral medication (HIV/AIDS medication).

- The majority of Medicaid members with HIV/AIDS (82%) indicated that they are currently taking antiretroviral medication.

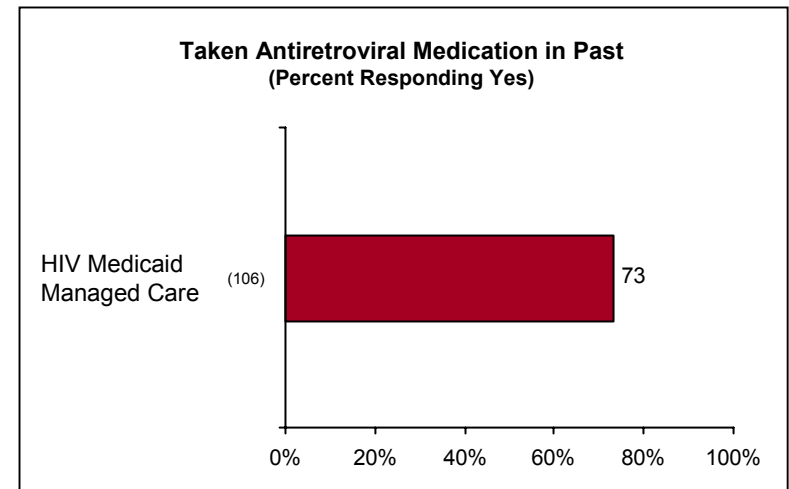
Respondents who are not currently taking the antiretroviral medication were then asked if they have taken antiretroviral medication (HIV/AIDS medication) in the past.

- Almost three-fourths of these Medicaid members with HIV/AIDS (73%) reported that they had taken antiretroviral medication in the past.



Base = Those answering
(HIV Medicaid Q42c)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.



Base = Those who currently do not take antiretroviral medication and answering
(HIV Medicaid Q42d)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Access to Health Care (cont'd)

Antiretroviral Medication (cont'd)

Respondents who have taken antiretroviral medication (HIV/AIDS medication) in the past and are no longer taking this medication were asked the reasons why.

- These Medicaid members with HIV/AIDS most often mentioned the following reasons for no longer taking antiretroviral medication: ① I don't feel good but the medicine makes me feel worse (45%); ② I feel better when not taking medication (39%); ③ I feel good and don't need to take it anymore (36%); ④ doctor stopped prescribing the medication because it was making me too sick (34%); and/or ⑤ doctor stopped prescribing the medication because he/she thought I needed a break from it (33%).

This table shows the *members* surveyed who no longer take antiretroviral medication:

	HIV Medicaid Managed Care
Reasons respondents no longer take antiretroviral medication (HIV/AIDS medication)	
I don't feel good but the medication makes me feel worse	45%
I feel better when I am not taking the medication	39%
I feel good and don't need to take it anymore	36%
Doctor stopped prescribing the medication because it was making me too sick	34%
Doctor stopped prescribing the medication because he/she thought I needed a break from it	33%
Doctor stopped prescribing the medication because it was not working	25%
I was worried that friends, family members and others important to me would know I had HIV if they knew the medication I was taking	20%
The medicine was too hard to take the way I was supposed to take it	9%
Doctor stopped prescribing the medication but I don't know why	5%

Base = Those have taken antiretroviral medication in the past and are currently not taking this medication and answering Multiple Responses Accepted, Top Mentions (HIV Medicaid Q42e)

Note: This question was not asked in Michigan's statewide CAHPS survey for 2002.

Utilization of Services

Number of Visits to the Emergency Room and Doctor's Office or Clinic

Respondents were asked how many times they visited the emergency room in the past six months.

- There were statistically significant differences in the results between Medicaid members with HIV/AIDS and Michigan Medicaid members: ① Medicaid members with HIV/AIDS were significantly less likely to report not visiting the emergency room (60% compared to 68%); ② 25% of Medicaid members with HIV/AIDS indicated that they visited the emergency room one to two times, which was not significantly different from the rate for Michigan Medicaid members overall (24%); and ③ Medicaid members with HIV/AIDS were more likely to report going three or more times in the past six months (16% compared to 9%).

Respondents were also asked how many times they visited their doctor's office or clinic in the past six months.

- More than one in ten Medicaid members with HIV/AIDS (14%) said that they did not visit their doctor's office or clinic in the past six months. In addition, about one-third of the Medicaid members with HIV/AIDS (34%) reported that they had been to their doctor's office or clinic one or two times, and about one-half (53%) reported going three or more times in the past six months.
- There were no statistically significant differences in the results between the Medicaid members with HIV/AIDS and Michigan Medicaid members.

This table shows the utilization of services among the <i>members</i> surveyed:			
		HIV Medicaid Managed Care	Michigan Medicaid Managed Care
Number of Visits to the Emergency Room	n=	(197)	(2830)
None		60% ↓	68%
1 to 2 times		25%	24%
3 or more times		16% ↓	9%
Number of Visits to a Doctor's Office/Clinic	n=	(200)	(8215)
None		14%	19%
1 to 2 times		34%	33%
3 or more times		53%	48%

Base = Those answering (HIV Medicaid Q25,26/Michigan Medicaid Q20,21)

**Additional information is available concerning
the Michigan HIV/AIDS population (2002 study)
in the “HIV/AIDS Study Technical Report.”**

Contact: Shelia Embry

**Manager Quality Improvement and Program Development Section
Michigan Department of Community Health**

embrys@michigan.gov

HIV/AIDS Study Technical Report

Introduction

HIV/AIDS is a prevalent condition within Medicaid populations across the country. The care of individuals with HIV/AIDS is chronic and expensive. It entails significant interaction between the patient and the health care delivery system. Therefore, patients' satisfaction with care can affect quality of life concerns. The Michigan Department of Community Health (MDCH) initiated a survey among Medicaid beneficiaries living with HIV/AIDS to assess their satisfaction with their health care experiences. The survey results are presented in this report.

The external quality review (EQR) of Michigan's HIV/AIDS program, conducted by Delmarva Foundation, represents a unique collaborative initiative involving two divisions within MDCH—the Quality Assessment and Improvement Division and the Division of HIV/AIDS-STD—and community providers, stakeholders, and consumers. The study provided the opportunity for consumers of HIV/AIDS services in Michigan enrolled in Medicaid to provide feedback to MDCH and for MDCH to gauge the perceptions of their experiences with accessing health care.

Purpose of the Study

This EQR surveyed Medicaid beneficiaries with HIV/AIDS to measure their satisfaction with access to and quality of care received from health care providers. The study adapted the Consumer Assessment of Health Plans Survey (CAHPS®),¹ an instrument used widely across diverse populations to determine consumers' satisfaction with their health care providers. The CAHPS instrument was adapted for this study by rewording items to be more applicable to the HIV/AIDS population in Michigan, while retaining comparability to other CAHPS surveys. MDCH will use the findings from the study to structure quality improvement efforts and to help fulfill requirements for EQR of the health plans that contract with Medicaid.

Background

Consumer satisfaction surveys have become an important source of information for purchasers and consumers of health care, as well as for health care providers themselves. Individuals receiving health care offer valuable information regarding access, use of services, and satisfaction that can serve numerous

¹CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

purposes. Beneficiary satisfaction is commonly used as an indicator of the quality of care delivered (Millar, McCauley, Hays, Winston, & Mitchell, 2000). This type of consumer satisfaction survey is highly relevant for the state of Michigan because it serves as an indicator of Medicaid beneficiaries' satisfaction level with their health care and treatment in the HIV/AIDS program.

The MDCH, consumers, providers, and Delmarva collaborated to develop the survey instrument and data collection methodology. The MDCH Quality Assessment and Improvement Division and the Division of HIV/AIDS-STD worked together to develop the survey tool and the survey distribution process. MDCH carefully integrated the recommendations of the People Living with AIDS Task Force and the MDCH Health Policy and Legislative Affairs Administration into the survey distribution, return, analyses, and reporting process. A conference involving MDCH staff, representatives of the 18 participating HIV/AIDS agencies ("Agencies"), and Delmarva helped to develop the final survey methodology, ensuring efficiency and effectiveness as well as the confidentiality of respondents. The MDCH Health Policy and Legislative Affairs Administration reviewed the study design, instrument, and distribution process for compliance with state laws on confidentiality. The methodology ensured that none of the participating Medicaid beneficiaries was personally identifiable.

Of note, in the course of this survey, 2% of respondents to the HIV survey stated that they were not enrolled in a Medicaid health plan – yet they named a Medicaid health plan in which they had membership. Answers obtained from these respondents were included in calculations of the HIV Medicaid Managed Care rates in this report.

The Ryan White Program: The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act supports development of systems of care that respond to local needs. It is based on strong partnerships between the federal government, states, and local communities in need, with an emphasis on primary care. The Act is divided into four sections:

Title I: provides emergency relief grants to cities for health and support services for low-income, under- or uninsured people with HIV and AIDS. It includes health care and support services.

Title II: provides grants to all states, D.C., Puerto Rico, and U.S. territories. The grants are intended to improve the quality, accessibility, and organization of health care and support services for people with HIV and AIDS. The focus is on medical care.

Title III: covers grants for comprehensive primary health care services for people living with AIDS and at-risk populations. Its goal is to slow transmission of the disease and provide early intervention. There is a strong emphasis on education.

Title IV: offers grants for coordinated HIV services and access to research programs for children, youth, women and families.

Michigan has 18 Agencies that are funded, at least in part, under the Ryan White Act. They have adopted two models of case management: medical and non-medical. Four Agencies follow the medical model. According to this model, nurses function as case managers and, as such, must be certified as case managers by the MDCH Division of HIV/AIDS-STD. They provide more comprehensive care management, emphasizing the medical aspects more so than the non-medical model. The 14 remaining Agencies follow the non-medical model of case management. Under this model MDCH Division of HIV/AIDS-STD may certify other types of health care workers as case managers.

Michigan Profile. According to state data, Michigan Medicaid beneficiaries with HIV/AIDS totaled 3,609 in calendar year (CY) 2001. Of these, 3,277 were age 18 and older. Twenty-eight (28%) percent were between 18 and 34 years of age, 39% between 35 and 44 years of age, 26% between 45 and 54 years of age, and 7% were 55 years of age or older. Fifty-three percent (53%) resided in Wayne County. Men accounted for 61% of the prevalence statewide. African Americans accounted for 63% of the prevalence; Caucasians represent 32% of the state's prevalence, and Hispanics 2.5%.

CAHPS Survey

The purpose of the CAHPS study is to develop an integrated and standardized set of surveys designed to collect reliable and valid information from consumers about health plan performance. The individual CAHPS instrument is designed to report information about health care quality from the consumers' perspective (McGee, Kanouse, Sofaer, Hargraves, Hoy, & Kleimann, 1999).

The CAHPS tool has strong reliability and validity when used with a variety of populations—Medicaid, Medicare, and private health insurance. Multiple studies have demonstrated its validity and reliability in determining consumer preferences, assisting consumers in making informed decisions about health care providers, identifying areas that warrant improvement measures, and serving as an indicator of quality care (Farley-Short et al., 2002; Fox, Moore, Zimmerman, Hill, & Foster, 2001; Hays et al., 1999; Schneider, Zaslavsky, Landon, Lied, Sheingold, & Cleary, 2001).

With a firm basis of research in both the development and testing phases and its use by MDCH with other populations, CAHPS was selected as the instrument to use in measuring the Michigan HIV/AIDS population's satisfaction with Medicaid providers. The tool was adapted to the Michigan HIV/AIDS population and contained specific items of interest for evaluating individuals' satisfaction with their HIV/AIDS care. For example, the items asking respondents to evaluate care received from specialists were modified to refer specifically to HIV/AIDS treatment specialists.

Methodology

Study Questions

The questions posed in this study include:

- 1) How do the population characteristics of Medicaid beneficiaries with HIV/AIDS compare with other Medicaid beneficiaries?
- 2) What satisfaction levels do HIV/AIDS survey participants have with their health care?
- 3) How do the satisfaction levels of HIV/AIDS survey participants that are health plan beneficiaries compare with the satisfaction levels of Medicaid health plan beneficiaries in general?
- 4) What are the HIV/AIDS population's diagnostic and treatment utilization rates?

Study Design

The study design consisted of a survey of the population of adult Medicaid beneficiaries with HIV/AIDS that were receiving Agency services. The survey assessed the opinions of respondents during CY 2002. Subpopulations of survey respondents were defined and compared by regions of the state, race/ethnicity, gender, and age groupings, and by payment sources and service system (e.g., managed care versus FFS). Some of the survey participants were beneficiaries of health plans and some were in fee-for-service (FFS) Medicaid. The survey results specific to health plan beneficiaries with HIV/AIDS were compared with survey results from the general population of Medicaid health plan beneficiaries statewide. FFS respondents were excluded from the final results to improve comparability to the General Survey.

Population and Sampling Plan

The population defining the sampling frame and the sample consisted of all adult (age 18 and over) Medicaid beneficiaries utilizing the services of HIV/AIDS case managers in 18 Agencies within the network. Therefore, the sample was a 100% sample or census of the entire population. In the Decision Support System (DSS), 3,277 adult (18 years of age or older) beneficiaries with HIV/AIDS were counted.

Through comparing the demographic distribution of respondents with the entire Medicaid population and beneficiaries of the enrolled population with HIV, the study assessed the extent to which results are generalizable. Adjustment for non-response and disproportional representation of the Medicaid population as a whole was not performed since such an adjustment would have required the original data from each survey in the statewide study.

Survey Distribution

The survey instrument was a 43-item questionnaire designed for mail distribution. The questions included on the instrument can be found as Appendix A to this report.

Delmarva prepared and mailed survey packets (described below) to the 18 Agencies. The Agencies distributed the survey packets to all of their known Medicaid clients who were willing to participate. Agency distribution was the preferred method to ensure consumer confidentiality.

The Agencies were given a choice for the method of survey distribution—either by mail or through direct personal contact between beneficiaries and case managers. Because it was not possible to provide the Agencies with a list of beneficiaries to survey and their addresses, the Agencies were responsible for addressing and mailing any survey packets to participants. The Agency staff was allowed to assist the clients in responding to the survey on an as-needed basis. These alternatives allowed the Agencies to tailor survey distribution to their unique population.

The survey packets sent to the Agencies contained:

- A letter describing the survey process
- A survey form (no client identification was included, but there was a code to identify the Agency distributing the survey)
- A stamped envelope without an address (used when an Agency mailed the survey to a client who had agreed to participate)
- A second stamped envelope addressed to Delmarva for survey return
- A gift certificate for \$5.00

The MDCH offered each participant a \$5.00 gift certificate to a Michigan department store as an incentive for responding to the survey.

All surveys and responses remained anonymous. The only identifiers placed on the survey were pre-assigned Agency numbers, which helped link the number of respondents to regions and Agencies in the state. This allowed tracking of response rates by Agency and region so that follow-up could be performed, optimizing response rates.

Survey Response Process

Completed surveys were returned to Delmarva during September and October 2002 in the self-addressed stamped envelopes provided and were tracked by Agency number. MDCH and Delmarva followed up with the Agencies to ensure timely implementation of the survey process.

On the basis of enrollment figures from MDCH and caseload counts of beneficiaries that could be contacted by Agency case managers for survey distribution, 1,237 packets were provided to the HIV Agencies for distribution. Due to fluctuations in enrollment, consumer requests not to be contacted by mail or telephone, and consumer preferences not to participate, the final tally of survey packets distributed through the Agencies by phone or personal contact was 745, or 60% of those provided to the Agencies. Three hundred fifty-two (352) surveys were completed and returned by respondents. This represented a return rate of 47% based on the total of 745 surveys distributed.

Statistical Methods

The survey data were analyzed using the Statistical Analysis System (SAS) Version 8.2 statistical software package. The SAS Proc Survey Means procedure for analyzing data from a survey was used to tabulate and compute standard errors and confidence intervals for means and percentages for all items (questions) and composite scores from items in the survey. The coding of items and computation of composite scores generally followed Health Plan Employer Data and Information Set (HEDIS[®])² standards for CAHPS with the following exceptions:

- Responses to items were not ignored in the tabulations when they failed to conform to logical skip patterns in the questionnaire. For example, when a survey respondent indicated he/she did not belong to a health plan, yet went on to name a health plan, the respondent was counted as a member of the plan named. According to HEDIS[®] criteria, such a response would have been edited out and not counted in the tabulations.
- No one in the study was eliminated from the tabulations because of failure to complete a sufficient number of items in the questionnaire.

Quality Assurance Plan

Data were collected using the structured questionnaire. Information from each completed questionnaire was keyed manually into an electronic format. Verification of the accuracy of information entered was performed on a random sample of 40 records and indicated 99% accuracy. Data were verified and, if indicated, corrected in Microsoft Access prior to importing into SAS. Frequencies and extreme values were checked and recorded

²HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

in SAS. Invalid values were recoded as missing values so as not to be counted. All programming was checked and verified by a second analyst or scientist.

Design Limitations

The study relied on responses from Medicaid beneficiaries receiving Agency services for HIV/AIDS; however, less than 50% responded. It is not possible to determine what the results would have been had all beneficiaries with HIV/AIDS responded. Furthermore, the survey only considered beneficiaries receiving Agency services; it did not consider other Medicaid beneficiaries that may have been receiving HIV treatment without Agency services.

Results

Comparison to Norms from the Statewide Survey

Response frequencies and rates with 95% confidence intervals for individual items in the CAHPS HIV Survey are provided as Appendix B to this report. Appendix B provides rates for HIV survey respondents who reported membership in a health plan. In addition, the normative rate from the General Survey is listed next to the rate and confidence intervals from the HIV Survey for comparison. Notable findings include:

- More than 50% of HIV Survey respondents were enrolled for two or more years in a health plan [Question (Q) 3B]. This rate was similar to the rate from the General Survey (column showing norms in Appendix B).
- Ninety percent (90%) of HIV Survey respondents reported having a regular doctor or nurse (Q5), compared with 76% from the General Survey. Because the confidence intervals from the HIV Survey did not overlap with the norm, these differences were considered statistically significant.
- The majority of HIV Survey respondents (83%) reported having little or no problem getting a personal doctor or nurse with whom they were satisfied (Q6). This rate did not differ significantly from the General Survey.
- Nearly equal numbers of HIV Survey respondents relied on the general physician (43%) or a specialist (44%) (Q7) as their personal provider.
- More than 50% of HIV Survey respondents had been seeing the same regular source of care for over two years (Q8).
- The vast majority of HIV Survey respondents (84%) reported having a condition that interfered with their ability to work (Q9) and that their regular doctor or nurse understood how health problems affected their day-to-day life (87%) (Q10).
- On a scale from 0 to 10, the majority of HIV Survey respondents (63%) rated their regular doctor or nurse 9-10 “the best personal doctor or nurse possible” (Q11). This rate was significantly greater than for the General Survey (57%).

Specialist Care

Both the HIV Survey and the General Survey asked respondents to rate their specialists. For the HIV Survey, items referring to specialists were modified to refer specifically to HIV specialists. It is uncertain how this might have affected comparisons to norms.

- Most respondents to the HIV Survey (86%) reported seeing a specialist during the six months prior to the survey. These rates were significantly greater than the rate of 40% in the General Survey.
- During the previous six months, more than 50% of the HIV survey respondents had seen a specialist as their primary provider (Q16), significantly greater than the 20% that reported seeing a specialist as their primary provider in the General Survey.
- On a scale from 0 to 10, the majority of HIV Survey respondents (approximately 69%) rated their specialist 9-10—"best specialist possible" (Q15). This, too, was significantly greater than for the General Survey (59%).

Telephone Access to Physician Offices

Many health plan respondents to the HIV Survey reported calling a doctor's office or clinic during the previous six months for help or advice (about 74%) (Q17). These rates were significantly greater than for respondents in the General Survey (64%). Among those who called to get advice, 74% of HIV Survey respondents reported that they usually or always got the advice they sought (Q18). This rate was similar for the General Survey (80%). Note that 20 respondents to the HIV Survey answered "no" to Q17 but went on to rate the help or advice they had gotten. These 20 responses were included in the rates. It appears that in the General Survey, responses to items that depended upon previous items were set to a missing value code and not counted for respondents that failed to follow specified skip patterns such as this in the survey. Rather than delete these responses, the HIV Survey calculations considered what the respondents actually reported.

Routine Appointments

Both studies asked about appointments for routine care. The majority of respondents to the HIV Survey (84%) reported making such appointments during the prior six months (Q19). This was significantly greater than for the General Survey (72%). The majority of HIV Survey respondents (approximately 80%) reported usually or always getting care as soon as they wanted it (Q20). This rate did not differ significantly from the General Survey. Waiting times reported in both studies were also similar (Q21).

Urgent Appointments

Both studies asked about urgent appointments—those for injuries and illnesses in the prior six months. Approximately 58% of HIV Survey respondents reported needing care (Q22). This was significantly greater than the 47% of respondents in the General Survey. There were no major differences in reported difficulties (Q23) or waiting times (Q24).

Emergency Room Utilization

Emergency room use in the prior six months was also reported. Members with HIV use the emergency room at about the same rate as the general Medicaid population. Specifically, about 60% of HIV Survey respondents had no emergency room use in that time period (Q25) compared with 68% of respondents in the General Survey. Eighty-six percent (86%) of the HIV Survey respondents went to a doctor's office or clinic during the previous six months (Q26) compared with 81% in the General Survey.

Access to Necessary Care

HIV Survey respondents indicated on average that they had more of a problem getting necessary care than General Survey respondents (Q27). Thirty-eight percent (38%) of HIV Survey respondents reported a small or large problem compared with 27% of respondents in the General Survey, representing a significant difference. However, reported waiting times (Q28) did not differ significantly in the two studies, with 72% never or sometimes having to wait more than 15 minutes.

Provider/Staff Interpersonal Relationship Skills

Several items in the survey addressed how respondents felt they were treated once they were seen in the doctor's office. In both studies, more than 85% of respondents indicated they were usually or always treated with courtesy or respect (Q29), and over 80% reported that staff were helpful (Q30). Listening (Q31) and language barriers (Q32) were rarely reported as a problem in either study, and over 80% of respondents in both studies reported that providers usually or always explained things (Q33). For both studies, more than 85% of respondents felt that providers showed respect for what the respondents had to say (Q34), and over 75% felt that providers spent enough time with them (Q35).

Health Care Ratings

In both studies, respondents were asked to rate their health care overall (Q36). On a scale from 0 to 10, 52% of respondents in the HIV Survey rated their health care 9 or 10—"the best health care possible." These rates were not significantly greater than for the General Survey (49%).

Language Translation Services

In both studies, 5% or fewer of the respondents needed an interpreter to help communicate with providers (Q37). In the HIV Survey, only nine respondents indicated that they needed interpreter services, but 47 respondents indicated how often they received interpreter services (Q38). It is not clear if some of the respondents did not follow or understand the directions to skip question 37 if interpreter services were not needed. Additionally, it is possible that some beneficiaries may have received interpreter services but felt that they were not necessary. Therefore, the data collected from question 38, (how often interpreter services were needed) cannot be considered valid for this study. Nevertheless, the rates for respondents receiving help from an interpreter did not differ significantly from the General Survey.

Inclusion in Decision Making

The following items regarding decision-making (Q39 through Q41) in the HIV Survey were not asked in the General Survey. HIV Survey respondents were asked whether any decisions were made about their health care (Q39). Of those responding, 69% (138) reported that decisions were made. The next item (Q40) asked respondents to rate their involvement in making decisions. Twenty-four respondents answered this question even though they answered “no” to the previous question, failing to follow the skip pattern. Nevertheless, 23% reported that they were never or sometimes involved in decisions. HIV Survey respondents reported that more than 89% had little or no problem getting providers to agree on how best to manage their health conditions (Q41).

Medication Access and Utilization

The following items regarding medication access and utilization (Q42, a–e) in the HIV Survey were not included in the General Survey. Of the HIV Survey respondents, 88% reported getting prescriptions during the past six months (Q42a). When asked to rate problems getting prescriptions (Q42b), 15 health plan respondents failed to follow the skip pattern and answered this item despite indicating that they had not gotten any prescriptions in the past six months. Of the respondents, 88% reported little or no problem getting their prescriptions.

Of the HIV Survey respondents, 82% reported they were currently taking antiretroviral medications (Q42c). Most individuals stating that they were not currently taking antiretroviral medications also reported that they had not taken them in the past (Q42d). Interpretation of responses to this item was difficult because many respondents failed to follow the skip pattern, answering this item even though they indicated that they were currently taking antiretroviral medications. Respondents that stopped taking HIV medications endorsed a variety of reasons for stopping (Q42e):

The doctor stopped the medication because:

- It was not working.
- They needed a break.
- It made them “sick.”
- The doctor had stopped prescribing.
- The medication was too hard to take.
- Worried other people would know.
- Felt good and did not need the medication.
- Felt better when not taking the medication.
- Did not feel better but medications made them feel worse.

Interpretation of frequencies and percentages for the above items were difficult because of failures to follow the skip pattern. However, there were no HIV survey respondents who reported that they had stopped taking medication because Medicaid did not cover the medication.

Health Status Rating

Both studies asked respondents to rate their health overall (Q43). In the HIV Survey, 54% of respondents reported that they were in fair or poor health, compared with 42% in the General Survey. Twenty three percent (23%) of the HIV Survey respondents reported that they were in good health in compared to 30% in the General Survey. Finally, 23% of HIV Survey respondents reported that they were in very good or excellent health compared with 28% in the General Survey. The differences between the studies’ ratings of overall health bordered on statistical significance.

Composite Scores

To compare respondents in the HIV Survey and the General Survey, composite scores on several of the items were computed according to the original National Committee for Quality Assurance (NCQA) methodology (Agency for Health Care Policy and Research, 1999). Means and confidence intervals were also calculated for the HIV Survey using SAS Proc SurveyMeans. This SAS procedure adjusted the significance tests and confidence intervals for the non-independence between items for the same respondent. Computations for HIV Survey respondents differed from NCQA standards in that respondents with more than 20% missing data were included in the HIV Study.

Composite scores were computed by accumulating counts in each response category (e.g., 03 Not a problem) across two or more items covering similar aspects of access to care such as getting care at all or getting care quickly. Therefore, to get the percentages for the composite score “Getting Needed Care,” the answers to

three individual survey questions were averaged. These questions asked beneficiaries to tell how much of a problem, during the past six months, they had:

- Getting a personal doctor or nurse they were happy with (HIV Medicaid Q6/Michigan Medicaid Q4)
- Getting a referral to an HIV/AIDS specialist that they needed to see (HIV Medicaid Q13/Michigan Medicaid Q8)
- Getting the care they or their doctor believed necessary (HIV Medicaid Q27/Michigan Medicaid Q22)

The composite scores for “Getting Needed Care” indicated that the majority of beneficiaries have had no problems with issues related to getting needed care within the past six months. The composite scores for “Getting Needed Care” showed a rating of “not a problem” by about two-thirds of the Medicaid beneficiaries with HIV/AIDS (67%), followed by 18% saying they had a small problem, and 14% saying they had a big problem. There were no statistically significant differences in the results between Medicaid beneficiaries with HIV/AIDS and the Michigan Medicaid beneficiaries.

To get the percentages shown for the composite score “Getting Care Quickly,” the answers to four individual survey questions were averaged. These questions asked beneficiaries to tell how often, during the past six months, they:

- Received the help or advice needed when calling during regular office hours (HIV Medicaid Q18/Michigan Medicaid Q13)
- Received an appointment for regular/routine health care as soon as they wanted (HIV Medicaid Q20/Michigan Medicaid Q15)
- Received the care needed for an illness/injury as soon as they wanted (HIV Medicaid Q23/Michigan Medicaid Q18)
- Waited in the doctor’s office less than 30 minutes past their appointment time (HIV Medicaid Q28/Michigan Medicaid Q24)

The composite scores for “Getting Care Quickly” indicated that less than one-half of the Medicaid beneficiaries with HIV/AIDS had always received care quickly within the past six months. The composite scores for “Getting Care Quickly” showed a rating of always or usually by 64% of beneficiaries, while 36% gave a rating of never or only sometimes. There were no statistically significant differences in the results between Medicaid beneficiaries with HIV/AIDS and Michigan Medicaid beneficiaries.

To get the percentages shown for the composite score “How Well Doctors Communicate,” the answers to four individual survey questions were averaged. These questions asked beneficiaries to tell how often, during the past six months, doctors or other health providers:

- Listened carefully to them (HIV Medicaid Q31/Michigan Medicaid Q27)
- Explained things in a way they could understand (HIV Medicaid Q33/Michigan Medicaid Q29)
- Showed respect for what they had to say (HIV Medicaid Q34/Michigan Medicaid Q30)

- Spent enough time with them (HIV Medicaid Q35/Michigan Medicaid Q31)

The composite scores for “How Well Doctors Communicate” indicated that about eight in ten Medicaid beneficiaries with HIV/AIDS felt that their doctors always communicated well with them. The composite scores for “How Well Doctors Communicate” showed a rating of always or usually by about eight in ten beneficiaries (81%), while 19% gave a rating of never or only sometimes. There was a statistically significant difference in the results between Medicaid beneficiaries with HIV/AIDS and Michigan Medicaid beneficiaries. Medicaid beneficiaries with HIV/AIDS were less likely to give a rating of usually for the composite scores for “How Well Doctors Communicate” (21% compared to 27%).

To get the percentages shown for the composite score “Courteous and Helpful Office Staff,” the answers to two individual survey questions were averaged. These questions asked beneficiaries to tell how often, during the past six months, office staff at the doctor’s office or clinic:

- Treated them with courtesy and respect (HIV Medicaid Q29/Michigan Medicaid Q25)
- Were as helpful as they thought the staff should be (HIV Medicaid Q30/Michigan Medicaid Q26)

The composite scores for “Courteous and Helpful Office Staff” indicated that nearly two-thirds of Medicaid beneficiaries with HIV/AIDS reported that the doctor’s office staff was always courteous and helpful. The composite scores for “Courteous and Helpful Office Staff” showed a rating of always or usually by more than eight in ten Medicaid beneficiaries with HIV/AIDS (84%), while 16% gave a rating of never or only sometimes. There were no statistically significant differences in the results between Medicaid beneficiaries with HIV/AIDS and the Michigan Medicaid beneficiaries.

Discussion

Summary of Findings

In comparing CAHPS results for Michigan HIV respondents enrolled in managed care plans to the general Medicaid managed care CAHPS responses for the state as a whole, the study found that HIV respondents:

- Are more likely to have a regular source of care but use the emergency room at about the same rate as the general Medicaid population.
- Rate their personal doctor, specialists, and overall health care better than those in the general Medicaid managed care population.
- Are more likely to call for help, make appointments, and go for office visits.
- Report they have more problems getting care.

Females and younger adults with HIV appear to experience more barriers to care, particularly with getting care quickly. Longer enrollment in Medicaid appears to facilitate getting needed care.

Respondents to the HIV CAHPS[®] survey appear to be involved with the decisions regarding their care and tend to be able to reach agreement with providers on those decisions. Most receive HIV and other medications; none reported not getting medications because of lack of Medicaid coverage. Side effects appear to be the most common reason for not taking HIV medications.

Notably, 23% of HIV Survey respondents perceive themselves to be in very good or excellent health, 23% perceive themselves as being in good health. More than half (54%) perceive themselves in fair to poor health. This compares to 28%, 30%, and 42% respectively in the General Survey. The difference between the HIV Survey and General Survey ratings of overall health bordered on statistical significance.

Limitations

The study included only Medicaid beneficiaries diagnosed with HIV who were enrolled in an Agency program. Differences in demographics and representation within health plans could have led to some of the patterns of ratings observed. In addition, the survey was based on self-report measures, whereas, objectively measured outcomes (e.g., claims/encounter records, laboratory tests, and physical exams) or ratings by clinicians or trained observers might yield different results.

As a mail survey, the study was limited by a 47% response rate. This response rate was similar to the General Survey, which was also a mail survey, and is considered an average response rate for this type of survey. It is uncertain whether Medicaid beneficiaries that failed to return the survey may have been in poorer health or less satisfied than those who did respond. Furthermore, the study relied on case managers to distribute the survey to clients. It is possible that the case managers were selective in which clients received the questionnaire, influencing the results.

Policy Implications and Recommendations

Michigan should continue to monitor access to care, satisfaction, and outcomes for the HIV population to assure that high levels of satisfaction are sustained and that results can be generalized to HIV Medicaid recipients not included in this survey. However, the state should consider surveying a broader sample of adults with HIV as well as parents and other caregivers of children with HIV. Surveys of the broader population could be fashioned to provide insight into issues that may be unique to pregnant women and children living with HIV. Additionally, the survey could be utilized to look at consumer awareness of Ryan White Case Management for HIV and the specific services provided within these programs.

In other states, Delmarva has conducted studies of specialized case management programs using medical record review methods. These studies have investigated the assessment process, treatment planning, care coordination, community referrals, outreach, and discharge. Similar studies of Ryan White Case Management could be conducted to identify potential opportunities for quality improvement in such areas as care coordination, outreach, and consumer involvement. Of particular importance is an evaluation of the level of coordination occurring between the Medicaid Managed Care Organizations and the providers contracted to provide the Ryan White Case Management services.

Overall the survey demonstrated a very positive evaluation of access to care among HIV Medicaid beneficiaries. Nevertheless, Ryan White Case Managers and providers should be encouraged to strive for 100% positive evaluations particularly when it comes to consumer involvement in decision-making processes.

References

- Agency for Health Care Policy and Research. (1999). Frequently asked questions: Consumer assessment of health plans (CAHPS®). Retrieved January 7, 2003, from <http://www.ahrq.gov/qual/cahps/faqtoc.htm>
- Farley-Short, P., McCormack, L., Hibbard, J., Shaul, J.A., Harris-Kojectin, L., Fox, M.H., et al. (2002). Similarities and differences in choosing health plans. *Medical Care*, 40(4), 289–302.
- Fox, M.H., Moore, J., Zimmerman, M., Hill, S., & Foster, C.H. (2001). The effectiveness of CAHPS among women enrolling in Medicaid managed care. *Journal of Ambulatory Care Management*, 24(4), 76–91.
- Hays, R.D., Shaul, J.A., Williams, V.S., Lubalin, J.S., Harris-Kojetin, L.D., Sweeny, S.F., et al. (1999). Psychometric properties of the CAHPS 1.0 survey measures. Consumer Assessment of Health Plans Study. *Medical Care*, 37(Suppl. 3), MS22–MS31.
- Health Resources and Services Administration. (2002). Ryan White Care Act. Retrieved February 11, 2003, from <http://hab.hrsa.gov/history.htm>
- McGee, J., Kanouse, D.E., Sofaer, S., Hargraves, J.L., Hoy, E., & Kleimann, S. (1999). Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS. Consumer assessment of health plans Study. *Medical Care*, 37(Suppl. 3), MS32–MS40.
- Michigan Department of Community Health (2002). Epidemiologic profile of HIV/AIDS in Michigan. Retrieved January 7, 2003, from http://www.michigan.gov/mdch/0,1607,7-132-2944_5320-36307--_00.html
- Millar, J.S., McCauley, D., Hays, C., Winston, T., & Mitchell, L. (2000). Consumer assessment of health plans survey (CAHPS) results for Oklahoma managed care Medicaid, 1997, 1998, and 1999. *Journal of Oklahoma State Medical Association*, 93(3), 109–117.
- Schneider, E.C., Zaslavsky, A.M., Landon, B.E., Lied, T.R., Sheingold, S., & Cleary, P.D. (2001). National quality monitoring of Medicare health plans: The relationship between beneficiaries' reports and the quality of clinical care. *Medical Care*, 39, 1313–1325.

Medicaid Consumer Satisfaction Survey

SURVEY INSTRUCTIONS

1. Answer all the questions by filling in the circle next to the left of your answer.
2. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes --> Go to Question 2
- ☐ No --> Go to Question 5

MARKING INSTRUCTIONS

- Use black or blue pen or #2 pencil
- Make dark marks
- Do not use pens with ink that soaks through paper
- Make no stray marks

All information that would let someone identify you or your family will be kept private. Delmarva foundation will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

YOUR HEALTH CARE INSURANCE

1. Do you have Medicaid as your health care insurance?

- ☐ Yes --> Go to Question 2
☐ No --> Go to Question 5

2. Are you enrolled in a Medicaid Health Plan?

- ☐ Yes --> Go to Question 3
☐ No --> Go to Question 5
☐ I don't know --> Go to Question 5

3. What is the name of your health plan that you are enrolled with?

- ☐ Botsford Health Plan
☐ Cape Health Plan
☐ Care Choices HMO
☐ Community Care Plan
☐ Community Choice Michigan
☐ Great Lakes Health Plan
☐ Health Plan of Michigan
☐ HealthPlus of Michigan
☐ M-Care
☐ McLaren Health Plan
☐ Midwest Health Plan
☐ Molina Healthcare of Michigan
☐ OmniCare Health Plan
☐ PHP of Mid-Michigan
☐ PHP of Southwest Michigan
☐ Priority Health Plan
☐ The Wellness Plan
☐ Total Health Care
☐ Upper Peninsula Health Plan
☐ I don't know my health plan's name
☐ I have Medicaid but I am not in a health plan

3a. How many months or years in a row have you been in this health plan?

- ☐ Less than 6 months
☐ 6 to 12 months
☐ 12 to 24 months
☐ 2 to 5 years
☐ 5 to 10 years
☐ 10 or more years

4. What is your Zip Code?

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

5. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your personal doctor or nurse?

- ☐ Yes --> Go to Question 6
☐ No --> Go to Question 9

6. How much of a problem, if any, has it been to get a personal doctor or a nurse you are happy with?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I don't have a personal doctor or a nurse

7. Is this person a general doctor, a specialist, a physician assistant or a nurse?

- ☐ General doctor (Family practice or Internal Medicine)
- ☐ Specialist doctor
- ☐ Physician assistant
- ☐ Nurse
- ☐ I don't have a personal doctor or nurse

8. How many months or years have you been going to your personal doctor or nurse?

- ☐ Less than 6 months
- ☐ 6 to 12 months
- ☐ 12 to 24 months
- ☐ 2 to 5 years
- ☐ 5 years or more
- ☐ I don't have a personal doctor or nurse

9. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day to day activities?

- ☐ Yes
- ☐ No

10. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- ☐ Yes
- ☐ No
- ☐ I don't have any health problems or I don't have a personal doctor or nurse

11. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ I don't have a personal doctor or nurse

GETTING HEALTH CARE
FROM AN HIV/AIDS SPECIALIST

When you answer the next questions, do not include dental visits.

12. HIV/AIDS specialists are doctors who specialize in the care of people living with HIV/AIDS, and may include such specialties as Infectious Disease, Pulmonology, Hematology and others.

In the last 6 months, did you or a doctor think you needed to see a HIV/AIDS specialist?

- ☐ Yes --> Go to Question 13
- ☐ No --> Go to Question 14

13. In the last 6 months, how much of a problem has it been to get a referral to a HIV/AIDS specialist that you needed to see?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't need to see a HIV/AIDS specialist in the last 6 months.

14. In the last 6 months, did you see a HIV/AIDS specialist?

- ☐ Yes --> Go to Question 15
- ☐ No --> Go to Question 17

15. We want to know your rating of the HIV/AIDS specialist you saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst HIV/AIDS specialist possible, and 10 is the best HIV/AIDS specialist possible. How would you rate the specialist?

- ☐ 0 Worst HIV specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best HIV specialist possible
- ☐ I didn't see an HIV/AIDS specialist the last 6 months.

16. In the last 6 months, was the HIV/AIDS specialist you saw the same doctor as your personal doctor?

- ☐ Yes
- ☐ No
- ☐ I don't have a personal doctor or I didn't see a HIV/AIDS specialist in the last 6 months.

CALLING DOCTOR'S OFFICES

17. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes --> Go to Question 18
- ☐ No --> Go to Question 19

18. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't call for help or advice during regular office hours in the last 6 months.

YOUR HEALTH CARE IN
THE LAST 6 MONTHS

19. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

- ☐ Yes --> Go to Question 20
- ☐ No --> Go to Question 22

20. In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't need an appointment for regular or routine care in the last 6 months.

21. In the last 6 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ☐ Same day
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 - 7 days
- ☐ 8 - 14 days
- ☐ 15 days or longer
- ☐ I didn't need an appointment for regular or routine care in the last 6 months.

22. In the last 6 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes --> Go to Question 23
- ☐ No --> Go to Question 25

23. In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't need care right away for an illness or injury in the last 6 months.

24. In the last 6 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ☐ Same day
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 - 7 days
- ☐ 8 - 14 days
- ☐ 15 days or longer
- ☐ I didn't need care right away for an illness or injury in the last 6 months.

25. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None

Number of times (write in)

--	--	--

26. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- ☐ None --> Go to Question 37
- ☐ 1 --> Go to Question 27
- ☐ 2 --> Go to Question 27
- ☐ 3 --> Go to Question 27
- ☐ 4 --> Go to Question 27
- ☐ 5 - 9 --> Go to Question 27
- ☐ 10 or more --> Go to Question 27

27. In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I had no visits in the last 6 months.

28. In the last 6 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

29. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

30. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

31. In the last 6 months, how often did doctors or other health providers listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

32. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

33. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

34. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

35. In the last 6 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

36. We want to know your rating of all your health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible
- ☐ I had no visits in the last 6 months.

37. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

- ☐ Yes --> Go to Question 38
- ☐ No --> Go to Question 39

38. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months or I didn't need an interpreter in the last 6 months.

39. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 6 months, were any decisions made about your health care?

- ☐ Yes --> Go to Question 40
- ☐ No --> Go to Question 42a

40. In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No decisions were made about my health care in the last 6 months.

41. In the last 6 months, how much of a problem, if any, was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ No decisions were made about my health care in the last 6 months.

42a. In the last 6 months, did you get any new prescription medicine or refill a prescription?

- ☐ Yes --> Go to Question 42b
- ☐ No --> Go to Question 43

42b. In the last 6 months, how much of a problem, if any, was it to get your prescription medicine?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't get any prescriptions in the in the last 6 months.

42c. Do you currently take antiretroviral medication (HIV/AIDS medication)?

- ☐ Yes --> Go to Question 43
- ☐ No --> Go to Question 42d

42d. Have you taken antiretroviral medication (HIV/AIDS medication) in the past?

- ☐ Yes --> Go to Question 42e
- ☐ No --> Go to Question 43

42e. Please check the response(s) that best describes the reason(s) you are no longer taking antiretroviral medication.

- ☐ The doctor stopped prescribing the medication because it was not working.
- ☐ The doctor stopped prescribing the medication because he/she thought I needed a break from it.
- ☐ The doctor stopped prescribing the medication because it was making me too sick
- ☐ The doctor stopped prescribing the medication but I don't know why
- ☐ The medicine was too hard to take the way I was supposed to take it.
- ☐ I was worried that friends, family members and others important to me would know I had HIV if they knew the medicine I was taking.
- ☐ The antiretroviral medication I was taking is not covered by Medicaid.
- ☐ I feel good and I don't need to take the medicine anymore.
- ☐ I feel better when I am not taking the medication
- ☐ I don't feel good but the medicine makes me feel even worse.

ABOUT YOU

43. In general, how would you rate your overall health now?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

44. What is your age now?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

45. Are you male or female?

- ☐ Male
- ☐ Female

46. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-yr degree
- ☐ 4- year college graduate
- ☐ More than 4-yr college degree

47. Are you of Hispanic or Latino origin or descent?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

48. Are you of Arab or Chaldean origin or descent?

- ☐ Arab or Chaldean
- ☐ Not Arab or Chaldean

49. What is your race? Please mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

50. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Some other language (please print)

51. Did someone help you complete this survey?

- ☐ Yes --> Go to Question 52
- ☐ No --> Please return the survey in the postage paid envelope

52. How did that person help you?
(Check all that apply)

- ☐ Read the questions to me.
- ☐ Wrote down the answers I gave
- ☐ Answered the uestions for me.
- ☐ Trasnlated the questions into my language.
- ☐ Helped in some other way (please print)

*Please return survey in postage
page envelope provided*

Appendix B - Survey Response Rates

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q1. Do you have Medicaid as your health care insurance?	No	3	2%		0%	3%
	Yes	197	98%		97%	100%
Q2. Are you enrolled in a Medicaid Health Plan?	No	4	2%		0%	4%
	Yes	188	98%		96%	100%
Q3B. How many months or years in a row have you been in this health plan?	Less than 6 months	28	14%	44% less than 2 years	9%	19%
	6 to 12 months	29	15%		10%	20%
	12 to 24 months	40	20%		14%	26%
	2 to 5 years	61	31%	56% 2 or more years	24%	37%
	5 to 10 years	26	13%		8%	18%
	10 or more years	15	8%		4%	11%
Q4. What is your zip code?						
Q5. Do you have one person you think as your personal doctor or nurse?	No	19	10%	24%	5%	14%
	Yes	179	90%	76%	86%	95%
Q6. How much of a problem has it been to get a personal doctor or nurse you are happy with?	A big problem	31	17%	16%	11%	22%
	A small problem	32	17%	20%	12%	23%
	Not a problem	122	66%	64%	59%	73%
Q7. Is this person a general doctor, specialist, physician assistant or a nurse?	General Doctor	79	43%		36%	50%
	Specialist Doctor	82	45%		38%	52%
	Physician Assistant	7	4%		1%	7%
	Nurse	15	8%		4%	12%
Q8. How many months or years have you been going to your personal doctor or nurse?	Less than 6 months	24	13%		8%	18%
	6 up to 12 months	26	14%		9%	19%
	12 up to 24 months	32	17%		12%	23%
	2 up to 5 years	60	32%		26%	39%
	5 up to 10 years	44	24%		18%	30%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q9. Do you have a physical or medical condition that seriously interferes with your ability to work?	No	31	16%		11%	21%
	Yes	168	84%		79%	89%
Q10. Does your doctor/nurse understand how any health problems you have affect your day-to-day life?	No	25	13%		9%	18%
	Yes	161	87%		82%	91%
Q11. Your rating of your personal doctor or nurse?	0-6 Worst	36	19%	16%	13%	25%
	7-8 Better	33	17%	26%	12%	23%
	9-10 Best	120	63%	57%	57%	70%
Q12. In the last 6 months did you or your doctor think you needed to see a HIV/AIDS specialist?	No	30	15%	53%	10%	20%
	Yes	167	85%	47%	80%	90%
Q13. In the last 6 months how much of a problem has it been to get a referral to a HIV/AIDS specialist that you needed to see?	A big problem	23	13%	18%	8%	17%
	A small problem	24	13%	16%	8%	18%
	Not a problem	137	74%	66%	68%	81%
Q14. In the last 6 months did you see a HIV/AIDS specialist?	No	27	14%	60%	9%	18%
	Yes	172	86%	40% (specialists in general)	82%	91%
Q15. Rate the HIV/AIDS specialist you saw most often in the last 6 months including a personal doctor or specialist?	0-6 Worst	28	16%	14%	10%	21%
	7-8 Better	28	16%	24%	10%	21%
	9-10 Best	122	69%	59%	62%	75%
Q16. In the last 6 months was the HIV/AIDS specialist you saw the same doctor as your personal doctor?	No	90	50%	80%	43%	57%
	Yes	90	50%	20% (General specialists)	43%	57%
Q17. In the last 6 months, did you call a doctors office or clinic during regular office hours to get help or advice?	No	53	27%	36%	20%	33%
	Yes	147	74%	64%	67%	80%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q18. In the last 6 months, when you called how often did you get the help or advice you needed?	1-2 Never or Sometimes	43	26%	20%	19%	32%
	3 Usually	30	18%	26%	12%	24%
	4 Always	94	56%	54%	49%	64%
Q19. In the last 6 months, did you make any appointments with a doctor or other health provider for regular or routine health care?	No	31	16%	28%	11%	21%
	Yes	165	84%	72%	79%	89%
Q20. In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?	1-2 Never or Sometimes	37	21%	19%	15%	27%
	3 Usually	46	26%	31%	19%	32%
	4 Always	95	53%	50%	46%	61%
Q21. In the last 6 months, how many days did you have to wait between making an appointment for regular and routine care and actually seeing a provider?	Same Day	47	27%	16%	20%	33%
	1 day	5	3%	14%	0%	5%
	2 days	14	8%	25% (2 to 3 days)	4%	12%
	3 days	14	8%		4%	12%
	4-7 days	36	21%	21%	15%	27%
	8-14 days	26	15%	11%	10%	20%
	15 days or longer	33	19%	14%	13%	25%
Q22. In the last 6 months did you have an illness or injury that needed care right away from a doctors office, clinic, or emergency room?	No	83	42%	53%	35%	49%
	Yes	115	58%	47%	51%	65%
Q23. In the last 6 months when you needed care right away for an illness or injury how often did you get care as soon as you wanted it?	1-2 Never or Sometimes	35	26%	21%	19%	34%
	3 Usually	25	19%	26%	12%	25%
	4 Always	73	55%	53%	46%	63%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q24. In the last 6 months how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?	Same Day	43	33%	39%	25%	41%
	1 day	19	15%	16%	8%	21%
	2 days	14	11%	12%	5%	16%
	3 days	10	8%	8%	3%	12%
	4-7 days	12	9%	13%	4%	14%
	8-14 days	14	11%	6%	5%	16%
	15 days or longer	18	14%	6%	8%	20%
Q25. In the last 6 months, how many times did you go to an emergency room? – number?	0	119	60%	68%	54%	67%
	1	32	16%	16%	11%	21%
	2	18	9%	8%	5%	13%
	3	9	5%	4%	2%	8%
	4	1	1%	2%	0%	2%
	5	6	3%	2% (5 through 9)	1%	5%
	6	5	3%		0%	5%
	7	0	.		.	.
	9	0	.		.	.
	10 or more	7	4%	1%	1%	7%
Q26. In the last 6 months, how many times did you go to a doctor's office or clinic?	None	27	14%	19%	9%	18%
	1	24	12%	15%	7%	17%
	2	44	22%	18%	16%	28%
	3	40	20%	14%	14%	26%
	4	17	9%	10%	5%	12%
	5-9	34	17%	16%	12%	22%
	10 or more	14	7%	8%	3%	11%
Q27. In the last 6 months, how much of a problem was it to get care you or a doctor believed necessary?	A big problem	25	14%	9%	9%	19%
	A small problem	44	24%	18%	18%	31%
	Not a problem	111	62%	73%	55%	69%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q28. In the last 6 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?	1-2 Never or Sometimes	134	72%	68%	66%	79%
	3 Usually	26	14%	16%	9%	19%
	4 Always	26	14%	17%	9%	19%
Q29. In the last 6 months, how often did staff at a doctor's office or clinic treat you with courtesy and respect?	1-2 Never or Sometimes	27	15%	10%	10%	20%
	3 Usually	29	16%	19%	10%	21%
	4 Always	128	70%	71%	63%	76%
Q30. In the last 6 months, how often were office staff at an office or clinic as helpful as you thought they should be?	1-2 Never or Sometimes	32	17%	16%	12%	23%
	3 Usually	47	25%	27%	19%	31%
	4 Always	108	58%	57%	51%	65%
Q31. In the last 6 months, how often did doctors or other health providers listen carefully to you?	1-2 Never or Sometimes	38	21%	15%	15%	26%
	3 Usually	32	17%	25%	12%	23%
	4 Always	115	62%	60%	55%	69%
Q32. In the last 6 months how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?	1-2 Never or Sometimes	167	89%	94%	85%	94%
	3 Usually	7	4%	14%	1%	6%
	4 Always	13	7%	3%	3%	11%
Q33. In the last 6 months how often did doctors or other health providers explain things in a way you could understand?	1-2 Never or Sometimes	34	18%	16%	13%	24%
	3 Usually	38	20%	25%	14%	26%
	4 Always	116	62%	59%	55%	69%
Q34. In the last 6 months how often did doctors or other health providers show respect for what you had to say?	1-2 Never or Sometimes	27	14%	14%	9%	19%
	3 Usually	44	23%	26%	17%	29%
	4 Always	119	63%	60%	56%	70%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q35. In the last 6 months how often did doctors or other health providers spend enough time with you?	1-2 Never or Sometimes	46	24%	19%	18%	30%
	3 Usually	48	25%	30%	19%	31%
	4 Always	96	51%	51%	43%	58%
Q36. We want to know your rating of all your health care in the last 6 months from all doctors and other health providers.	0-6 Worst	48	25%	20%	19%	32%
	7-8 Better	42	22%	28%	16%	28%
	9-10 Best	99	52%	49%	45%	60%
Q37. In the last 6 months did you need an interpreter to help you speak with doctors or other health providers?	No	189	95%	96%	93%	98%
	Yes	9	5%	4%	2%	7%
Q38. In the last 6 months when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?	1-2 Never or Sometimes	36	77%	44%	64%	89%
	3 Usually	1	2%	12%	0%	6%
	4 Always	10	21%	44%	9%	33%
Q39. In the last 6 months, were any decisions made about your health care?	No	61	31%		24%	37%
	Yes	138	69%		63%	76%
Q40. In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?	1-2 Never or Sometimes	37	23%		16%	29%
	3 Usually	32	20%		14%	26%
	4 Always	93	57%		50%	65%
Q41. In the last 6 months, how much of a problem, if any, was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?	A big problem	17	11%		6%	15%
	A small problem	40	25%		18%	32%
	Not a problem	104	65%		57%	72%
Q42a. In the last 6 months, did you get any new prescription medicine or refill a prescription?	No	24	12%		7%	17%
	Yes	176	88%		83%	93%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q42b. In the last 6 months, how much of a problem, if any, was it to get your prescription medicine?	A big problem	23	12%		7%	17%
	A small problem	49	26%		19%	32%
	Not a problem	119	62%		55%	69%
Q42c. Do you currently take antiretroviral medication (HIV/AIDS medication)?	No	34	18%		12%	23%
	Yes	156	82%		77%	88%
Q42d. Have you taken antiretroviral medication (HIV/ AIDS medication) in the past?	No	29	27%		19%	36%
	Yes	77	73%		64%	81%
Q42e. Why no longer – doctor stopped prescribing because not working	No	18	75%		57%	93%
	Yes	6	25%		7%	43%
Q42e. Why no longer – doctor stopped prescribing because needed break.	No	14	67%		45%	88%
	Yes	7	33%		12%	55%
Q42e. Why no longer – doctor stopped prescribing because making me sick.	No	19	66%		48%	84%
	Yes	10	34%		16%	53%
Q42e. Why no longer – doctor stopped prescribing but don't know why.	No	19	95%		85%	100%
	Yes	1	5%		0%	15%
Q42e. Why no longer – medicine was too hard to take.	No	20	91%		78%	100%
	Yes	2	9%		0%	22%
Q42e. Why no longer – worried friends, family members would know.	No	20	80%		64%	96%
	Yes	5	20%		4%	36%
Q42e. Why no longer – antiretroviral medication not covered by Medicaid.	No	20	100%		100%	100%
Q42e. Why no longer – feel good and don't need to take anymore.	No	14	64%		42%	85%
	Yes	8	36%		15%	58%

Label	Health Plan Membership Responses	N	Rate for HIV Study	Norm From General Study	Lower 95% CL for Mean	Upper 95% CL for Mean
Q42e. Why no longer – feel better when not taking.	No	17	61%		42%	80%
	Yes	11	39%		20%	58%
Q42e. Why no longer – don't feel good but medicine makes worse.	No	17	55%		37%	73%
	Yes	14	45%		27%	63%
Q43. How would you rate your health overall now?	Excellent	12	6%	10%	3%	9%
	Very good	35	17%	18%	12%	23%
	Good	47	23%	30%	17%	29%
	Fair	84	42%	29%	35%	48%
	Poor	24	12%	13%	7%	16%